KELSEY TRAIL
HEALTH REGION

Annual Report to the Minister of Health

For the 2009-10 Fiscal Year Ended March 31, 2010

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The Kelsey Trail Health Region Annual Report for the fiscal year ending
March 31, 2010 is available on the internet at
www.kelseytrailhealth.ca

Kelsey Trail Health Region is the operating name for the Kelsey Trail Regional Health Authority. Most references to this organization use Health Region, except in reference to the governing board, which is referred to as the Regional Health Authority. Health Region also refers to the geographic areas served by the Kelsey Trail Health Region.

Letter of Transmittal

June 17, 2010

Honourable Don McMorris
Minister of Health

Dear Minister McMorris:

The Kelsey Trail Regional Health Authority is pleased to provide you and the residents of the health region with its 2009-10 annual report. This report provides the audited financial statements and outlines activities and accomplishments of the region for the year ended March 31, 2010.

The Kelsey Trail Regional Health Authority experienced many accomplishments during the fiscal year, including the successful recruitment of a number of physicians and the expansion of the regional hemodialysis satellite unit. Our overall success can be attributed to the dedication and commitment of the employees of the Kelsey Trail Health Region.

Respectfully submitted,

Wilfred Veller
Acting Chairperson

KELSEY TRAIL
HEALTH REGION

VISION

Healthy people in healthy communities

MISSION

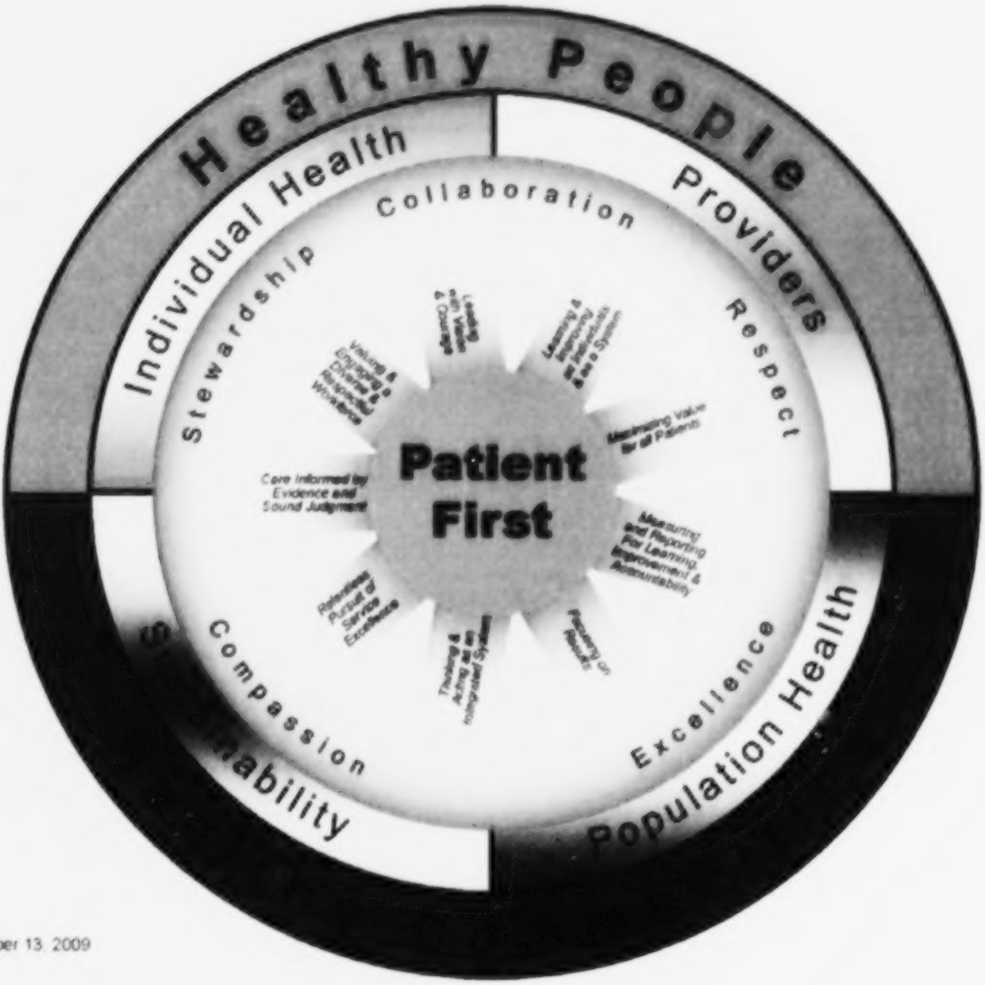
Working together to improve the health of people

VALUES

Integrity
Compassion & Collaboration
Accountability
Respect
Excellence

Who We Are

The Vision, Mission and Values of the Kelsey Trail Regional Health Authority (KTRHA) have been developed with the objective of addressing the needs of the population of the entire region. The health region's Vision, Mission and Values statements currently reflect the direction the provincial Ministry of Health is embarking on with a focus on the Four Pillars of Strategic Planning.


Healthy People
Individual Health
Providers
Population Health
S
nability
Collaboration
Respect
Excellence
Compassion
Stewardship
Patient First
Leading with Vision & Courage
Learning & Improving as Individuals & as a System
Maximizing Value for all Patients
Measuring and Reporting For Learning, Improvement & Accountability
Focusing on Results
Thinking & Acting as an Integrated System
Relentless Pursuit of Service Excellence
Care Informed by Evidence and Sound Judgment
Valuing & Engaging a Diverse & Respectful Workforce

Revised November 13, 2009

The Four Pillars, the goals established within each pillar, and the Accountability Document issued annually by the Ministry of Health, guide the strategic directions of the health region for each fiscal year.

Four Pillars for Strategic Planning				
Strategic Focus	**Health of the Individual**	**Providers**	**Sustainability**	**Health of the Population**
Goals	**1.1** The health system and its employees/ providers are focused on providing exceptional care and service to its customers that is consistent with both best practice and customer expectations.	**2.1** Health service providers have a personal commitment and ownership in creating and working in a caring and high performance environment.	**3.1** There is strategic and operational alignment of priorities within the health system and with the goals and priorities of Government.	**4.1** Health promotion/protection and disease prevention initiatives improve the health of the population and reduce disparities.
	1.2 People have timely access to appropriate and quality health services and supports.	**2.2** The health system has safe, supportive and quality work places.	**3.2** The health system has the required equipment, capital and electronic infrastructure.	**4.2** Long-term strategies address the social factors that impact people's health.
	1.3 The system works to continuously improve health care safety.	**2.3** The health sector has a highly skilled, professional and diverse workforce with a sufficient mix of service providers.		

The 2009-10 Accountability Document clarifies the Ministry's priorities, expectations and the reporting requirements of the Regional Health Authority (RHA). It is also intended to complement existing direction and policies and provide a basis for the Kelsey Trail Regional Health Authorities' (KTRHA) strategic planning.

The fall 2009 release of *For Patients' Sake*, the Patient First Review Commissioner's Report to the Saskatchewan Minister of Health, and supporting frameworks such as the Voice of the Customer, Customer Engagement and Service Delivery Expectations, and Patient-Centred Care documents, also support the development of the Ministry's strategic directions and inform KTRHA's strategic planning.

Strategic Goals

The Kelsey Trail RHA continues to work to meet the seven strategic goals established for the period 2007-2011 while moving forward with the development of new directions for the future through a strategic planning process that began in December 2009 and will continue in the next fiscal year.

The 2007-2011 Strategic Directions complement and support Kelsey Trail Health Region's (KTHR) Mission, Vision and Values. The organization's strategic directions are:

I. Fostering a culture of quality improvement and client-centred service;
II. Achieving a sustainable and integrated health care system;
III. Increasing public confidence, involvement and communications;
IV. Transforming the care and service experience through a focus on patient/client safety;
V. Partnering for improved health for the region's Aboriginal people;
VI. Enhancing population health and impact improved health status; and
VII. Exhibiting a positive, innovative work environment.

The development of the 2007-2011 Strategic Directions was influenced by the KTHR Regional Accountability Framework introduced in 2005. The Accountability Framework was designed to improve accountability among all employees and to work in harmony with the organization's strategic directions. It supports staff working in an environment of collaboration and team work with a focus on quality improvement, enhanced communication, and the safety and care of both clients and colleagues alike.

Accreditation

The health region's performance is influenced by the accreditation process. Accreditation enables the health region to regularly and consistently assess and improve the health care services it provides. The integration of accreditation standards into daily processes benefits staff and the clients served by KTHR.

Accreditation Canada conducted the region's latest accreditation survey in April of 2008 The region received a three-year Accreditation with Condition (Report) with required reporting completed in September 2009 and March 2010. Standards set by Accreditation Canada are designed to address patient/client safety and minimize risk. Since the accreditation of 2008, four additional Required Organizational Practices (ROP's) have been added by Accreditation Canada and will come into effect in 2011. Kelsey Trail Health Region continues to work on quality improvement initiatives directed at meeting all 35 ROPs in anticipation of the region's next accreditation survey in April 2011.

Regional Code of Ethics

Kelsey Trail Health Region introduced a regional Code of Ethics in 2008 in response to the lack of adequate resources to support staff in dealing with ethical issues. A common approach to ethical decision-making was introduced, providing all staff with access to the same resources. Enabling a similar approach to potential ethical dilemmas facilitates collaboration in the delivery of client-centred care, improves staff satisfaction and achieves greater consistency in practice throughout the region. To reflect the unique considerations of the health care sector, the following principles have been incorporated: advocacy, client privacy and confidentiality, commitment to quality services, conflict identification, dignity, employee safety, fair and equitable access, health and well-being, informed choice and empowerment, and relationships among other trustees and/or agencies.The RHA is also influenced by the regulations, standards and ethical codes of the professional bodies of which KTHR employees are members.

The regional Code of Ethics is supported by the Regional Ethics & Research Committee. Focused on strategic issues, the Regional Ethics & Research Committee makes recommendations to the Kelsey Trail Health Region Executive Committee concerning the development, revision and implementation of policies, procedures and practices that may have ethical implications to the organization

Programs & Services

The RHA is responsible for providing primary and secondary health care services to the population of the region in a safe, quality, timely, effective and efficient manner. Services are available and accessible to residents as reasonably close to home as possible. Given the relatively sparse population of the region and the large geographic area it covers, the RHA faces challenges in achieving this goal. Services not available within the region are accessible and available to residents through visiting services, referrals and the Telehealth Saskatchewan network.

Health services are provided to the residents of 58 rural and urban municipalities throughout northeast Saskatchewan. Within the boundaries of Kelsey Trail, health care services are also delivered to five First Nation communities and the Northern Village of Cumberland House. In some cases, services to First Nation communities are delivered by KTHR in partnership with other agencies.

Approximately 34 physicians and 1,600 staff provide a broad range of community and facility-based services and programs to residents. Physician resources include the services of a Chief of Staff/Vice-President of Medical Services, a Medical Health Officer, a radiologist and general surgeon, General Practitioner/Anesthetists and General Practitioner/Obstetricians.

To ensure a wide range of accessible itinerant services for residents, the region grants visiting privileges to more than 30 physician specialists at the three district hospitals. Services include nephrology, physical medicine and rehabilitation, psychiatry, podiatry, rheumatology, pediatrics, obstetrics and gynecology, ear/nose/throat, orthopedics, orthopedic surgery, ophthalmology, respiratory medicine, urology, plastic surgery and general surgery. In addition, associate privileges are granted to dental and chiropractic physician specialists within the region.

Eight Nurse Practitioners provide health care services from Primary Health Care sites in Arborfield, Carrot River, Hudson Bay, Naicam, Nipawin, Porcupine Plain and Tisdale. Working as part of the Primary Health Care Provider Team, Nurse Practitioners use their unique blend of nursing and medical knowledge to manage present illness, prevent future illness and promote health. They diagnose and treat common medical disorders; prescribe and dispense drugs; order, perform, receive and interpret reports of diagnostic tests; and perform minor surgical and invasive procedures. Between April and December 2009, KTHR NPs completed 11,564 patient visits.

Kelsey Trail has three district and three community hospitals, as defined by the provincial Ministry of Health. There are a total of 116 acute care beds staffed and in operation in the region. This includes observation, respite, palliative, convalescent and rehabilitation beds. Residents also have access to health care services through five health centres.

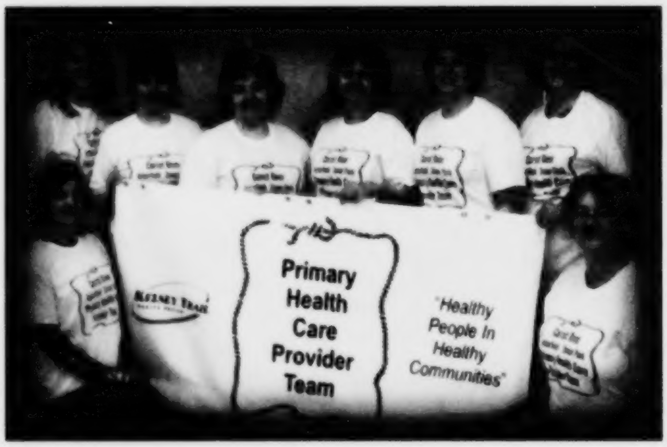
There are ten long term care facilities located in nine communities in the region, totaling 482 long term care and respite beds. Four Dementia units operate within long term care facilities in the region.

- Pre-hospital emergency care is available through the region through a combination of RHA-owned (Hudson Bay and Porcupine Plain) and contracted (Kelvington, Nipawin, Tisdale, Melfort) emergency medical services. The region also has access to contracted ambulance providers from the Saskatoon Health Region (Watson and Wadena).

Trained volunteer First Responders provide emergency services to 25 communities and areas within the region. Ancillary First Responder groups are located in Tisdale and Nipawin. In March 2010, the Hudson Bay Ancillary First Responder group, which operated in support of the Hudson Bay First Department, disbanded due to a lack of active membership.

The region has provided training to volunteers in various community groups, organizations, schools and corporations who have invested in a total of 53 Public Access

Defibrillators (PADs). Although Automated External Defibrillators (AEDs) have been deregulated, KTHR will continue to provide support to the PAD program. In February 2009 the Ministry of Health initiated an Emergency Medical Service (EMS) and Air Medical Review to provide a basis for the future planning and delivery of EMS in the province over the next five years. The review, which included road and air ambulance services, was completed in October 2009. A report was released in November 2009, identifying several key recommendations that will be taken into consideration in the 2010-11 budget process.


Primary
Health
Care
Provider
Team
"Healthy People In Healthy Communities"

Employees of Community and Primary Health Care deliver services to more than 30 different locations across the region with a focus on community development and population health promotion. Community and Primary Health Care include the services of Public Health, Environmental Health, Primary Health Care, Home Care, Therapies and Mental Health & Addiction. In Cumberland House, the responsibility for the Health Centre was transferred to the Primary Health Care portfolio in June 2009. In addition to managing the health centre, the site manager is responsible for the coordination of all health services in Cumberland House, and some regional primary health services such as dental health.

Home Care services are delivered from locations in Nipawin, Melfort, Tisdale, Hudson Bay, Porcupine Plain, Kelvington, Carrot River, Naicam, Smeaton, Rose Valley and Cumberland House. Melfort Home Care is co-located in Nirvana, the only RHA-owned and operated assisted living in the region. Nirvana has the potential to accommodate 24 assisted living clients. Home Care is the primary function of the services provided through the Smeaton and Rose Valley health centres.

Public Health offices are based in Cumberland House, Hudson Bay, Kelvington, Melfort, Nipawin and Tisdale, delivering services throughout the region. Public Health includes Public Health Nursing, Travel Health, the regional Medical Health Officer and Communicable Disease/Immunization Coordinator. Public Health inspection, tobacco enforcement and water monitoring services are delivered regionally by Environmental Health from offices located in Nipawin and Melfort.

Other health care professionals in Primary Health Care also deliver services regionally. Kelsey Trail Health Region has eight Primary Health Care sites in the region located at Arborfield, Carrot River, Hudson Bay, Porcupine Plain, Naicam, Nipawin and Tisdale. Physicians and Nurse Practitioners, working with other health care professionals on Primary Health Care Provider Teams, deliver health care services from these sites.

Primary Health Care includes the services of Nurse Practitioners, Nutritionists, Speech/Language Pathology, Early Childhood Psychology, Dental Health, Dietitians and Nurse Educators, Chronic Disease Management, Community Wellness Coordinators and Telehealth. Therapy includes an Autism Spectrum Disorder Consultant, the Acquired Brain Injury Program, Exercise Therapists, Physical Therapists, and Occupational Therapists.

The region has an established Saskatchewan Telehealth program that includes sites in Cumberland House, Nipawin, Tisdale, Melfort, Hudson Bay, Porcupine Plain, and Kelvington. Telehealth services will expand into the community of Carrot River in April 2010. Telehealth provides a link for rural and urban health care professionals to schedule specialist appointments, consults, clinical visits and follow-ups for patients and clients. It is also used for educational sessions for health care professionals and members of the public. Last year, Telehealth in KTHR expanded to include piloting of a Telemental Health service, using Telehealth technology to reduce travel and improve access to mental health providers. Telehealth services expanded to include the first two vascular surgery clinics in KTHR this year with surgeons from Saskatoon and Regina.

Community Wellness Coordinators located in Tisdale, Hudson Bay, Kelvington and Nipawin provide services to school-aged populations in the communities of Rose Valley, Porcupine Plain, Archerwill, Zenon Park, Arborfield, Star City and Nipawin.

Mental Health and Addiction Services (MHAS) are provided regionally through a combination of community-based locations and visiting services. Through a partnership with Prince Albert Parkland Health Region, inpatient services and 24-hour emergency mental health referrals and consultations are available to the region. The services of Medical Social Workers are also available through MHAS.

Volunteer services are coordinated through the Human Resources department. Volunteer opportunities include the parent mentoring program, pastoral care, First Responders, youth programs, gift shops, meals on wheels, auxiliaries, drivers and activity volunteers. This year, volunteers were also involved in the H1N1 Mass Immunization Clinics held throughout the

region. Kelsey Trail Health Region relies on volunteers to play a role in almost all aspects of the health care services provided. Over the course of the year, volunteers provided approximately 27,048 hours of service to the region.

Health Care Organizations

The region acts as the accountable partner in contractual relationships with a number of independent Health Care Organizations (HCOs) and third parties for the delivery of health care services. *The Regional Health Services Act* defines a health care organization as an affiliate or a prescribed organization that receives funding from an Authority to provide health services. The region is responsible for ongoing financial monitoring, ensuring adequate resources are being provided, and accountability among HCOs.

- The region has a contractual relationship for the delivery of emergency medical/ambulance services in a number of communities. Services include responsibility for access, care stabilization and transport of both acutely ill and injured clients. Emergency Medical Dispatch Services determine priority of emergency responses and dispatch Advanced, Intermediate or Basic Life Support crews.

  Accountability among contracted emergency medical/ambulance service providers is guaranteed through monthly reporting of Patient Care Service Performances and financial requirements. Reports on the continuing education activities of each service are required annually, as are annual audited financial statements, proposed operating budgets, statements of remuneration of employees to provincial levels and statements of benefits paid on behalf of employees. Client satisfaction survey results are recorded and reported, as are reports on audits of at least 25 percent of all trips made by the service.

- Kelsey Trail Health Region has assumed the delivery of Mental Health & Addiction Services that were previously contracted within the community of Cumberland House. The region utilizes the former Pine Island facility for the delivery of those services by visiting Mental Health and Addiction staff.
- In the Town of Nipawin, the Nipawin Oasis Community Centre Cooperative Ltd. provides services such as the COPE day support program for clients with long term mental illness, a home support program, a vocational rehabilitation program and a camp for persons with mental illness in the Nipawin area

- In Melfort, the Canadian Métis Heritage Corporation provides Autism programming through the support of funding from the Ministry of Health. Programming involves short-term enhanced speech therapy services to children with autism across the region.

- Hudson Bay & District Assessment and Resource Service (Hudson Bay ARS) has an agreement with KTHR that defines the provision of addiction services in Hudson Bay and area in conjunction with a counseling and referral program for industry in that community. The contract allows Kelsey Trail to maintain quality assurance and clinical support for counseling staff at Hudson Bay ARS. HBARS provides office space and reception support for the region.

Accountability of contracted services and care providers is monitored through a variety of means including receipt of the annual audited financial statements of the provider. Providing services through contractual relationships allows the region to meet the needs of all residents, regardless of location. This process meets the goals and objectives of both the region as well as those of the Ministry of Health.

Partnerships

Ministry of Health

The Ministry of Health is the region's most significant stakeholder, providing policy direction, setting and monitoring standards, providing funding, supporting RHAs and ensuring the provision of essential and appropriate services to regional residents. The Ministry defines performance and outcome measures and establishes accountability parameters. The *Accountability Document* issued annually by the Ministry defines the performance relationships, program, service and funding expectations and highlights the strategic direction to RHAs for the upcoming fiscal year.

Saskatchewan Association of Healthcare Organizations (SAHO)

SAHO is a non-profit, non-governmental association of health agencies in Saskatchewan. Membership includes all RHAs and associations providing health care services. SAHO provides RHAs with leadership, a common voice, payroll and benefits, collective bargaining, Occupational Health & Safety support, representative workforce and educational resources.

Prince Albert Parkland Health Region

Kelsey Trail has an historical partnership with the Prince Albert Parkland Regional Health Authority for the provision of Mental Health & Addiction Services, primarily in specialty mental health services such as psychiatry, eating disorders and psychologist supervision. This partnership has been further enhanced with the introduction of the Northern Telemental Health project last year. The region's relationship with Prince Albert Parkland has been expanded through the F.A.S.T. Stroke Bypass Protocol. Kelsey Trail residents exhibiting signs of stroke from the northwestern part of the region will bypass district and community hospitals and be directly transported to Victoria Hospital in Prince Albert for treatment, potentially reversing the effects of stroke, improving opportunities for full recovery and reducing stroke-related disability.

Sunrise Health Region

The health region has entered into a new partnership with the Sunrise Health Region as the result of the expansion of the F.A.S.T. Stroke Bypass Protocol. Through the partnership, Kelsey Trail residents exhibiting signs of stroke from the southeast part of the region will bypass district and community hospitals and be directly transported to Yorkton Regional Hospital for treatment.

Athabasca Health Authority

The region has entered into a partnership with the Athabasca Health Authority to provide Information Technology support to the northern health region. Through the partnership, the Athabasca Health Authority will also benefit from the development and launch of the KTHR Radiography Information System-Picturing Archiving Communication System (RIS-PACS) in the new fiscal year.

HealthLine & SaskTel

Through a partnership with HealthLine, SaskTel and the Ministry of Health, the region has initiated a Telehomecare pilot project. Telehomecare is a remote patient monitoring system that allows a client's condition to be monitored by a health professional via a computer.

North East Understanding the Early Years (UEY)

Kelsey Trail was the accountable partner for the North East UEY research project, a three-year initiative which concluded in December 2008. Saskatchewan Population Health and Evaluation Research Unit (SPHERU) analyzed the data collected through the UEY project and disseminated the information to communities through a regional statistical report on the status of child development in the northeast.

Intersectoral Partners

The health region is an active partner on the Northeast Regional Intersectoral Committee (RIC) and local interagencies, partnering with the North East School Division, Cumberland College, the Department of Social Services and several other human resource agencies. These groups facilitate and support community-based approaches and initiatives in responding to the needs of children, youth and families. Partnerships have been developed with community and First Nations leaders, Chambers' of Commerce, and economic development groups.

KidsFirst

Kelsey Trail Health Region continues to be the accountable partner for the *KidsFirst* targeted and non-targeted programs in the region. *KidsFirst* is a voluntary program that helps vulnerable families. The program enhances knowledge, provides support and builds on family strengths. The *KidsFirst* program works in collaboration with existing programs in the community.

Union Affiliates

The health region has respectful partnerships with three affiliations including the Saskatchewan Union of Nurses (SUN), the Health Sciences Association of Saskatchewan (HSAS) and the Saskatchewan Government Employees Union (SGEU).

Municipalities

The health region regularly partners with municipal bodies to address program and service needs. During the 2009-10 fiscal year, Kelsey Trail partnered with the Town of Nipawin, the Town of Tisdale and the Northern Village of Cumberland House.

In partnership with the Town of Nipawin, the Diamond North Credit Union and the Pineland Co-op, the health region was part of the construction of a duplex that will provide rental accommodations for physicians and other health care professionals in that community. The initiative was undertaken in an effort to address physician recruitment and retention.

In Tisdale, the health region entered a partnership with the Town that will see the development of a community health complex on property adjacent to the Tisdale Hospital. The partnership evolved as a cost-effective means to share efficiencies associated with the planning, development and construction of the Ministry-approved replacement of the Sasko Park Lodge. Through the partnership, the parties will share the project architect.

In Cumberland House, Kelsey Trail entered a partnership with the Northern Village of Cumberland House to provide security for staff working at the Cumberland House Health Centre.

Other Partnerships

Other significant partnerships include a variety of community-level Foundation and Trust committees within the region, the Health Quality Council (HQC), the University of Saskatchewan, the Saskatchewan Institute of Applied Science & Technology (SIAST), the Northern Health Strategy, the Northern Chronic Care Coalition, the Northern Antibiotic Resistance Partnership (NARP), targeted and non-targeted KidsFirst initiatives, Prince Albert Grand Council, Saskatoon Tribal Council, Métis Nation Eastern Region 1 & 2, the Northern Inter-Tribal Health Authority (NITHA), the Aboriginal Employment Development Program (AEDP), Lakeland District Sport, Culture & Recreation, and NorthSask Laundry.

Administrative Structure

The Chief Executive Officer (CEO) is responsible to the RHA for the general operations and daily administrative organization of the region. The CEO works with an Executive Management Team that includes the Vice-President Institutional & Emergency Care, the Vice-President Finance & Information Services, the Vice-President Community & Primary Health Care and the Vice-President Medical Services/Chief of Staff. The

Executive Assistant to the CEO and Corporate Communications Officer serve as resources for the Executive Management Team.

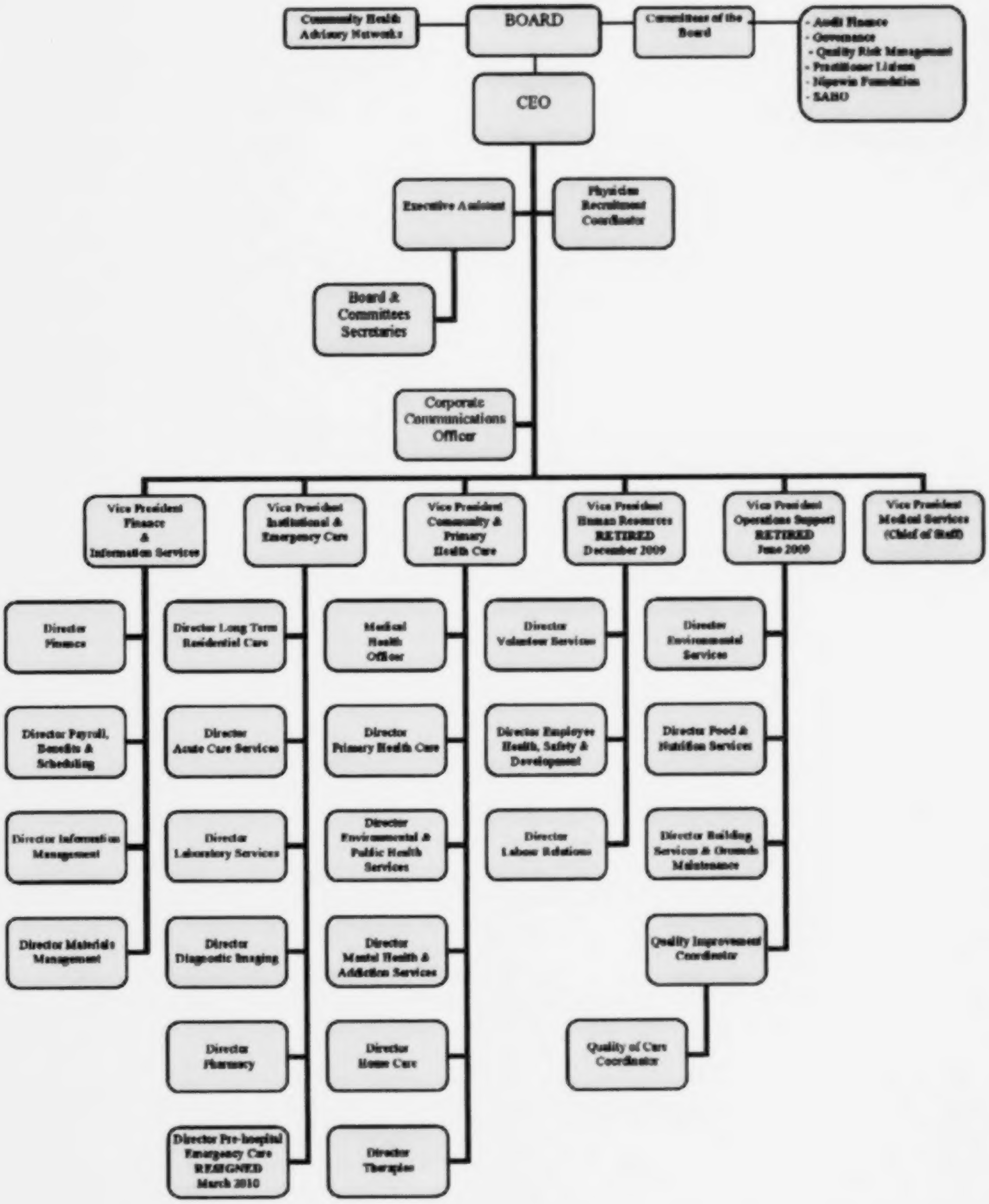
During the 2009-10 fiscal year, two members of the Executive Management Team retired and were not replaced. The Vice-President Operations Support, who played the role of regional Quality of Care Coordinator, oversaw the departments of Environmental & Laundry Services, Food & Nutrition Services, Building Services & Grounds Maintenance and, and was responsible for quality improvement and strategic planning, retired in June 2009. The Vice-President of Human Resources retired in January 2010. A full-time Quality of Care Coordinator was hired in July, 2009.

Taking the recommendations of the Administrative Review portion of the Patient First Review into consideration, the Executive Management Team embarked on discussions surrounding the restructuring of the organization in March 2010 and a decision on the future organizational structure is expected to be announced in the new fiscal year. In the interim period, those previously reporting to the Vice-President Operations Support and the Vice-President Human Resources have reported to the CEO. A full-time Physician Recruitment Coordinator, hired in April of 2009, also reports to the CEO. The Director Pre-hospital Emergency Care position was left vacant following a resignation in March 2009.

Working with the CEO, the Executive Management Team is responsible for the overall operation of the Kelsey Trail Health Region. The Executive Management Team serves as a resource to the RHA, has responsibility for seven Lead committees, and provides direction for strategic planning. The Lead committees are Quality, Utilization & Risk Management, Patient Care & Safety, Quality Health Workplace, Primary Health Care, Communication, Information Management, and Health Emergency Operations. Sub-committees and working groups may function within each Lead committee. The Executive Management Team has regular communication with the Management Network, which includes Regional Directors, Facility Administrators and Program Managers. The Management Network is an educational, informational and networking group.

The Executive Management Team, along with three RHA members and the region's Quality Improvement Coordinator, are members of the Kelsey Trail Health Region Quality as a Business Strategy (QBS) team. The QBS Leadership Learning Collaborative is designed to provide leaders with the tools to advance and connect quality with financial oversight, and to sustain improvements directed at the organization's strategic goals.

Kelsey Trail Health Region's Organizational Chart 2009-10


Community Health Advisory Networks
BOARD
Committees of the Board
- Audit Finance
- Governance
- Quality Risk Management
- Practitioner Liaison
- Nipawin Foundation
- SAHO
CEO
Executive Assistant
Physician Recruitment Coordinator
Board & Committees Secretaries
Corporate Communications Officer
Vice President Finance & Information Services
Vice President Institutional & Emergency Care
Vice President Community & Primary Health Care
Vice President Human Resources RETIRED December 2009
Vice President Operations Support RETIRED June 2009
Vice President Medical Services (Chief of Staff)
Director Finance
Director Payroll, Benefits & Scheduling
Director Information Management
Director Materials Management
Director Long Term Residential Care
Director Acute Care Services
Director Laboratory Services
Director Diagnostic Imaging
Director Pharmacy
Director Pre-hospital Emergency Care RESIGNED March 2010
Medical Health Officer
Director Primary Health Care
Director Environmental & Public Health Services
Director Mental Health & Addiction Services
Director Home Care
Director Therapies
Director Volunteer Services
Director Employee Health, Safety & Development
Director Labour Relations
Director Environmental Services
Director Food & Nutrition Services
Director Building Services & Grounds Maintenance
Quality Improvement Coordinator
Quality of Care Coordinator

Governance & Transparency

Kelsey Trail Regional Health Authority (KTRHA) was established on August 1, 2002 with the proclamation of *The Regional Health Services Act*. As mandated by the *Act*, up to twelve members serve on the Kelsey Trail Regional Health Authority board. Members are appointed by the provincial government.

New RHA members James Taylor (chair), Wilf Veller (vice-chair), Gordon Cresswell, Frank Garchinski, Dennis Koch, Allyson Stevenson, Tina Thomas, Keith Thompson and Cheryl Watt were appointed to the Kelsey Trail Regional Health Authority in February 2009, joining reappointed former RHA members Kathleen Bedard, Carla Hipkins and Darrl Guy. RHA member Tina Thomas resigned from her position in September 2009 and RHA chair James Taylor resigned in January 2010. With the resignation of Taylor, RHA vice-chair Wilf Veller became the acting chair of the RHA.

The RHA operates in accordance with the roles and responsibilities established by the Ministry of Health in the *Regional Accountability* Document. The RHA is responsible for the planning, organization, delivery and evaluation of the health services it is to provide within the region or any other areas as directed by the Minister. More specifically, the RHA is responsible for strategic planning; fiscal management and reporting; building and maintaining key relationships with stakeholders; quality management initiatives; monitoring, evaluation and reporting; and monitoring the management and performance of the Authority and the CEO.

The RHA functions primarily as a "committee of the whole". There are four committees of the RHA – the Audit Finance, Quality, Governance and Practitioner Liaison committees. Following a six month period during which the RHA temporarily dissolved the Audit Finance, Quality and Governance committees in order to facilitate the education of the new RHA members, all three committees were revived. In October 2009, appointments were made to the committees as follows:

Quality & Risk Management Committee
Darrel Guy, Kathy Bedard, Carla Hipkins

Governance Committee
Wilf Veller, Gordon Cresswell, Allyson Stevenson

Audit & Finance Committee
Dennis Koch, Keith Thompson, Cheryl Watt, Gordon Cresswell

Practitioner Liaison Committee
Carla Hipkins, Keith Thompson, Darrel Guy, Frank Garchinski

The CEO reports directly to the RHA regarding the general and daily operations of the health region. The Executive Management team, responsible for effective planning, integration and delivery of facility-based and community-based programs and services throughout the region, reports directly to the CEO.

Five Community Health Advisory Network (CHAN) groups were implemented in November of 2006. CHAN groups exist for the purpose of providing the RHA with advice respecting the provision of health services in the region or any portion of the region. They provide advice in the areas of program and service development and delivery; health issues, needs and priorities; access to health services; and promotion of health. In February of 2010, the Nipawin CHAN resigned en masse as the direct result of the RHA's decision to approve the region's proposed Diagnostic Imaging Strategic Plan. The remaining four CHANs have been largely inactive since the expiration of the previous RHA members appointments in July of 2008 and the transition period that followed the appointment of the new RHA members in February of 2009.

Transparency and accountability are among the most important goals and objectives of the RHA. Through a variety of approaches, the RHA maintains open dialogue with the public.

RHA Meetings

The RHA holds regular monthly meetings that are open to the public. To provide an opportunity to involve members of the public who may attend, an open public forum is a regularly scheduled agenda item. The regular monthly meetings are generally held at the Regional Office. Additional meetings are organized and scheduled as necessary.

Publications

Kelsey Trail Regional Health Authority Highlights, which focus on the deliberations, decisions and activities of the RHA, are distributed monthly to media, stakeholders and staff and are posted to the region's internal and external websites.

The *KTHR Pulse*, the region's quarterly newsletter, is distributed to the media, stakeholders and staff by both standard and electronic mail. The Pulse may also be accessed from the region's internal and external websites. *Coffee Break Conversations*, the regional staff newsletter, is circulated to physicians, employees and volunteers and is accessible through the region's internal website. In January 2010, the regional Primary Health Care department launched a new newsletter, *The Primary Health Care Principle*. This newsletter provides information and updates on Primary Health Care in the Kelsey Trail Health Region and will be published bi-annually.

Internal & External Websites

The region posts relevant information about its facilities, programs, services, activities, events and job opportunities on its public website at www.kelseytrailhealth.ca. Similar information is posted to the region's internal website. Health status information and resources are also available to staff on the region's internal website. The development of the internal and external websites is ongoing as both sites are the primary sources of communication with staff and the public. Communication with staff has been enhanced with the addition of staff computer kiosks in each facility in the region.

Media

The health region has developed relationships with print and broadcast media to facilitate timely distribution of public information surrounding issues and events of regional importance and public safety. Regional media plays an invaluable role in the health region's ability to communicate with the residents to whom it provides services. Broadcast media includes six radio stations and one television station. Print media include: nine community weekly newspapers and two regional weekly newspapers. During the 2009-10 fiscal year, the Association Fransaskoise de Zenon Park and Cumberland House community newsletters were added to KTHR's print media distribution list.

Presentations & Public Meetings

The RHA chairperson, CEO and other designated representatives of the health region are involved in presentations to municipal councils, community groups, partner agencies, community trust committees and/or foundations and the general public.

Annual Report

The RHA approves the development and distribution of its Annual Report in hard copy format as well as electronically through the region's website at www.kelseytrailhealth.ca. The Annual Report is accessible through the Ministry of Health website at www.health.gov.sk.ca/kelsey-trail-healthregion.

Key Risks

Health care costs continue to grow faster than the pace of the economy as a whole. The financial capacity of the region continues to be outpaced by demands on the health care system. The ever-changing needs of a diverse population, the geographical size of the region, and the location of facilities and services create operational pressures in all departments.

Financial

Financial pressure results from:

- advancements in technology, procedures and medications;
- an increased focus on environmental/infection control, quality improvement, staff and patient safety;
- pandemic planning, supplies, reserves and storage space;
- shortages of health care human resources and the associated recruitment costs and incentives in order to remain competitive in the marketplace;

- the retirement of the Baby Boomer generation;
- costs associated with the mandatory and other educational and training needs of staff;
- the negotiation of collective agreements; and
- aging infrastructure, equipment replacement and repair.

Costs associated with the delivery of health care services in a region that is geographically large are considerable. The region's population density is significantly less than that of the province as a whole.

Travel costs associated with the delivery of health services to the somewhat remote Northern Village of Cumberland House are often significant as are the costs associated with providing security and safe accommodations for staff and visiting professionals. Over the past year, the RHA has partnered with the Northern Village of Cumberland House to provide security guards to escort nursing staff returning to the health centre after-hours and to patrol the community during the evening.

On-call nursing services in Cumberland House are a significant expense for the region with approximately 20 percent of all monthly visits to the Cumberland House Health Centre occurring after-hours. Physicians from Nipawin travel to Cumberland House to provide services. While travel is primarily by road, air travel is also required on occasion. KTHR does not receive specific provincial funding for the ongoing operation of the Cumberland House Health Centre therefore, costs are covered by the region's operating budget.

Funding for many provincial initiatives such as Lean and Releasing Time to Care: The Productive Leader™ is provided on a one-time basis. The expectation is that the funding will assist in finding efficiencies that can then be re-invested to build capacity from within.

A focus on Infection Control is putting financial pressure on the region as it moves to comply with measures that are necessary to meet infection control standards. The region has invested in hiring a full-time Infection Control Nurse to manage and monitor compliance to the standards set by the province and Accreditation Canada. Meeting and complying with Infection Control standards across the region requires substantial investment.

Unforeseen expenses can also impact the region's financial situation. The region budgeted a slight $12,000 surplus but ended up accumulating a $457,552 deficit to end the 2009-10 fiscal year due to unbudgeted expenses The unexpected environmental clean-up project at Porcupine Plain, physician recruitment costs, and costs associated with an increase in Home Care volumes all contributed to the region's deficit.

Midway through the 2009-10 fiscal year, a decline in projected potash revenues impacted the province's financial situation. Heading into the 2010-11 budgeting process, the Ministry of Health asked all RHAs to target savings in areas such as attendance support, shared services and general efficiencies. Coupled with the 2009-10 budget deficit and ongoing operating pressures, KTHR has to find approximately $2.2 million in savings in non-patient care areas from its budget in 2010-11.

Capital Infrastructure & Equipment

Though capital equipment funding is provided annually by the Ministry of Health, capital equipment requests often exceed the funding provided. Specific criteria must be met in order for both provincial and federal capital funding to be accessed. Funding for the equipment the region requires for daily business operations in the areas of administration, building, food and nutrition, environmental and laundry services generally does not fall within the funding criteria.

Capital requests for the 2009-10 fiscal year amounted to $4 million, substantially higher than the capital funding available. Advances in technologies, aging equipment and facilities impact the ability to meet the capital needs of the region. The limited annual capital funding KTHR receives is often targeted for specific areas. Foundations and trusts also have limited funds available. These funds are generally targeted for the purchase of medical or clinical equipment.

The region's internal sources of capital funding finances are also limited by previous budget performance. Capital purchases cannot be paid by operating funds until a positive unrestricted fund balance is achieved. As of April 1, 2009, KTHR had achieved an unrestricted fund balance of $16,042 however the limited funds available were not enough to have a significant impact on the region's ability to make capital purchases.

In February of 2009, KTHR received approval for the replacement of two long term care facilities – Kelvindell Lodge in Kelvington and Sasko Park Lodge in Tisdale. The provincial government has deferred a portion of the capital funding for the long term care facility reconstruction projects. Community consultations, detailed workflow planning, and engineering, architectural and design work were allowed to continue until the projects reach the tendering stage at which time they will undergo final approval, and capital funds will be provided in future fiscal years. Stakeholders in the communities of Kelvington and Tisdale now face the challenge of raising funds to cover 35 percent of capital costs for the long term care projects

The region entered an Energy Performance Contract with SaskPower and Honeywell in October 2009. The long term savings projected to result through the EPC contract will require a significant investment by the region. Construction costs, rising technology and equipment costs and a shortage of skilled trades are elements of pressure the region faces

SaskPower
eneraction

During the project launch in Tisdale on October 6, 2009, Finance Minister Rod Gantefoer (right) presented KTHR CEO Glen Kozak with a certificate recognizing the energy performance contract between KTHR and SaskPower.

as it moves forward with both the EPC project and the long term care construction projects. The cost of the EPC project is $4.78 million with annual energy savings of $411,500 resulting in a simple payback of 11.6 years. Annual energy savings will be used to pay back the debt. The implementation of the initiatives is expected to take 12 to 18 months to complete.

Continual advancements in technology have placed increasing demands on the KTHR Information Technology department in an effort to maintain status quo operations. New programs and initiatives being introduced and rolled out by the KTHR IT department in coordination with the region's business operations are beginning to converge as a result of technological changes. A growing trend toward increased access to information for decision-making, accountability and compliance purposes is also impacting the delivery of IT services regionally. The introduction of new strategies requires information systems to enable program delivery however, funding does not always follow. Health regions like Kelsey Trail find they must shift to operating lease strategies in order to maintain existing equipment and refresh strategies in the absence of additional capital funding.

Human Resources

Providing adequate physician resources to ensure safe, effective, accessible, quality care throughout the region is an ongoing challenge in KTHR as it is across the province and the country. The ability of the region to recruit and retain physicians and other in-demand health care professionals in rural and somewhat remote locations has significant impact on service provision and delivery.

The health region has invested in the services of professional physician recruitment agencies and has also recruited a permanent, full-time Physician Recruitment Coordinator. Recruiting physicians in a highly competitive market requires significant costs and incentives in order to achieve success. While KTHR has had considerable success in physician recruitment over the past fiscal year, it has come at a substantial cost.

The demands associated with rural, weekend on-call coverage, the remuneration associated with taking call and the impact on quality of life have resulted in the out-migration of rural family physicians from rural to urban settings. In addition, many long-time KTHR physicians are nearing retirement and/or experiencing health issues of their own that are limiting their ability to practice. The exodus of physicians impacts the ability of rural communities to maintain adequate health care services. Many KTHR residents do not have a family physician.

Kelsey Trail Health Region employs a number of long term staff resulting in salary payments at the highest step of pay grades and average vacation accrual rates of four to five weeks per year. The aging workforce impacts on absenteeism, injury and disability. Employee burnout leads to increased illness. Employee leaves are becoming more frequent as staff take on the added responsibility of caring for aging parents or ailing family members. At the same time, the loss of senior members of the workforce means the region is losing experienced employees and the new generation loses valuable mentorship opportunities. Meeting the ongoing educational and training needs of staff, both mandatory and otherwise, also requires significant investment by the region.

Over the next three years, 214 employees will reach early retirement eligibility. With the current shortage of skilled health care professionals, the health region anticipates recruitment will produce significant challenges as Baby Boomers begin to retire. In some instances, the health region has re-hired retired employees in order to provide adequate staffing, which also comes at a cost to the health region.

The region continues to move toward a more representative workforce but there is significant room to expand the representation of the region's Aboriginal population into KTHR.

Approximately 80 percent of the region's operating budget is spent on compensation including salaries and benefits. The remaining 20 percent is budgeted for non-salary expenses. The unknown costs associated with the ongoing provider group negotiations also impact the region's financial situation. The Saskatchewan Medical Association is also working under an expired contract.

Patient & Staff Safety

Increased attention by provincial Occupational Health & Safety Inspection Officers has resulted in improved compliance with legislation regarding staff safety. Through the combined efforts of the regional Quality Health Workplace committee and the Required Organizational Practices (ROP's) identified by Accreditation Canada, KTHR is working to change the culture of safety among staff, patients, clients, residents and visitors. The region is focused on providing safe work environments to reduce workplace injuries and incidents. Increasing the quality of the work environment will impact staff engagement and job satisfaction which will improve safety and quality of care for clients.

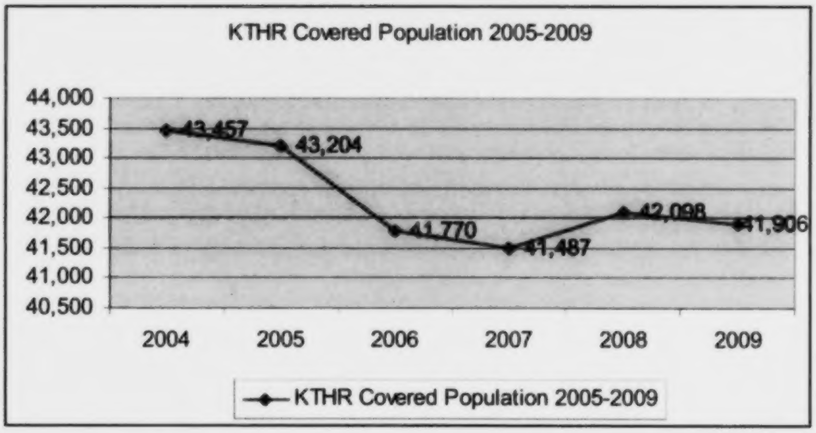
KTHR annually receives capital ("block") funding that is designated for certain purposes. Funding has included Diagnostic Imaging, Life Safety/Emergency & Infrastructure, Safety/Lifting equipment, surgical equipment and VFA, a company contracted to assess all healthcare facilities in Saskatchewan to identify deficiencies. In 2008-09, KTHR received $2.74 million in funding to meet the priority one and two (currently critical and potentially critical) items identified by VFA. The region has spent $1.5 million of the funding to date. High priority items include nurse call systems, fire alarm, emergency generators and maintenance items such as roof repairs, floor repairs, and HVAC repairs and upgrades. Building security systems are also considered high priority. Security has become a greater issue in some locations and significant investments are being made to assist in providing staff with personal safety while at the workplace. The remainder of these safety improvement projects are expected to be completed in the new fiscal year.

Transforming the care and service experience through a focus on patient/client safety is among the region's key strategic directions. It is currently addressed through the regional Patient Care & Safety Committee and ongoing partnerships with organizations such as Accreditation Canada, the Canadian Patient Safety Institute (CPSI) and Health Quality Council (HQC).

Our Region

The Kelsey Trail Health Region encompasses a large geographic area in northeastern Saskatchewan, covering 44,369 square kilometres[3]. At just under 0.9 persons per square kilometre, the population is sparse when compared to the provincial average of 1.6 persons per square kilometer.

The region's 2009 covered population (persons with provincial health coverage) is 41,906[2], a slight decrease from the 42,098 recorded the previous year. Provincially, the covered population has been gradually increasing from a low of 1,003,231 in 2006 to 1,036,284 in 2009.



The Registered Indian populations of the First Nations communities of Red Earth, Shoal Lake and Cumberland House Cree Nations, Kinistin Saulteaux and Yellow Quill First Nations and the Northern Village of Cumberland House represent approximately 10.3% of the region's total covered population at 4,320. This is a slight increase over the 4,078 total recorded in 2008.

The median age of the overall population in Kelsey Trail Health Region is 43.1 years[3],

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[1] Statistics Canada. 2007. *Kelsey Trail Regional Health Authority, Saskatchewan* (table). *2006 Community Profiles*. 2006 Census. Statistics Canada Catalogue no. 92-591-XWE. Ottawa. Released March 13, 2007. http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-591/index.cfm?Lang=E (accessed April 27, 2010).

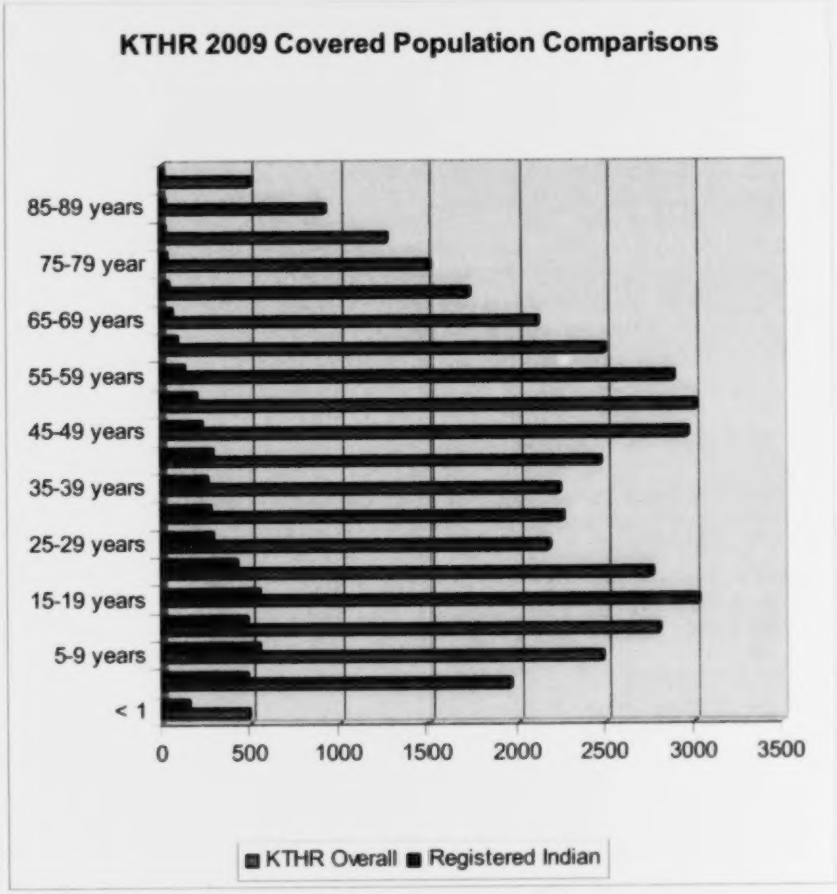
[2] Saskatchewan Ministry of Health, 2009 Covered Population, http://www.health.gov.sk.ca/covered-population-2009, April 27, 2010.

[3] Statistics Canada. 2007. *Kelsey Trail Regional Health Authority, Saskatchewan* (table). *2006 Community Profiles*. 2006 Census. Statistics Canada Catalogue no. 92-591-XWE. Ottawa. Released March 13, 2007. http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-591/index.cfm?Lang=E (accessed April 27, 2010).

slightly higher than the provincial median of 38.7 years and more than twice the median age of the Registered Indian population of the region at 21.1 years[4].

At 7.2%[5], the 15 to 19 year age group is the largest among the overall population of the region with the 50-54 year age group trailing slightly behind at 7.18%. Among the Registered Indian population, it is the 5 to 9 year age group that is the largest, representing almost 12.4 %. The 15 to 19 year age group is slightly behind at 12.3%.

While the overall population is almost equally split between the over 40 and under 40 age groups, the same is not true of the region's Registered Indian population. Almost 77% of the region's total Registered Indian population is comprised of those under 40 years.



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[4] Statistics Canada. 2007. *Kelsey Trail Regional Health Authority, Saskatchewan* (table). *Aboriginal Population Profile*. 2006 Census. Statistics Canada Catalogue no. 92-594-XWE. Ottawa. Released January 15, 2008. http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-594/index.cfm?Lang=E (accessed April 27, 2010).

[5] Source: Saskatchewan Ministry of Health, 2009 Covered Population, http://www.health.gov.sk.ca/covered-population-2009, April 27, 2010.

In 1948, the *World Health Organization (WHO)* declared health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." This declaration supports the fact that there are a number of factors that contribute to the health of the individual. In 1998, *Health Canada* developed the Determinants of Health, a list of the factors that contribute to individual health. They include income, social support, education and literacy, employment and working conditions, social environments, physical environments, personal health practices and copying skills, healthy child development, biology and genetic endowment, health services, gender and culture.

The determinants of health are interconnected and, as a result, populations that are lacking or having difficulty accessing one of more of the factors of the determinants of health are subject to disparities in health. Within the Kelsey Trail Health Region, many people face challenges in accessing the resources that help to achieve physical, mental and social well-being.

According to Statistics Canada[6] data from the 2006 Census, the total number of census families in the Kelsey Trail Health Region is 11,340. Of those, lone parent families represent just over 12%. The median after-tax income in 2005 of all census families was reported at $42,361. Among lone parent families, the median after-tax income was $26,043.

Educationally, 40% of the region's total population 15 years and over do not hold a certificate, diploma or degree. Almost 26% have a high school certificate or equivalent. Among the region's total Aboriginal identity population 15 years and older, 21.5% have a high school certificate or equivalent while 55% do not have a certificate, degree or diploma.

Labour force activity among the population 15 years and older indicates the unemployment rate among the region's total population is 7%. The unemployment rate among the region's Aboriginal population 15 years and over is more than three times that of the total population at 21.2%. Both rates are higher than the provincial unemployment rate of 5.8%. The provincial unemployment rate still remains lower than the national rate of 8.8%.

While Saskatchewan's economic growth continues to have a positive impact on the province as a whole, economic growth can have a negative impact on certain segments of the population. Housing and rental housing costs have increased as the provincial economy has grown, making it increasingly difficult for those in lower income brackets to purchase or rent adequate housing. In Saskatchewan between 2002 and 2009, food costs have increased by 22.6% and the cost of items required for basic living have risen by 17.6%.[7]

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[6] Statistics Canada. 2007. *Kelsey Trail Regional Health Authority, Saskatchewan* (table). *2006 Community Profiles*. 2006 Census. Statistics Canada Catalogue no. 92-591-XWE. Ottawa. Released March 13, 2007. http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-591/index.cfm?Lang=E (accessed April 27, 2010).

Adequate housing is a key determinant of health and the overall well-being of the population. In 2009, the Northeast Regional Intersectoral Committee commissioned the Northeast Housing Research Project, a study of the housing strengths and gaps in the communities of Melfort, Nipawin, and Tisdale. The study was the result of concerns with the difficulty vulnerable segments of the population may be having in their efforts to access safe, affordable housing. A significant percentage of the population of the region is represented in the communities included in the study. Research suggests both a shortage and a loss of rental stock in all three communities between 2001 and 2006. Loss has been attributed to conversion to home ownership and some demolition. Housing authorities in all three communities currently have waiting lists. For vulnerable, low income populations, affordability is an issue. Many dwellings with affordable rents also have significant maintenance issues which may render them unsuitable to live in. The percentage of houses in need of repair in the region, according to the 2006 census, is 12.6%. Housing in Melfort and Nipawin is considerably older than the provincial average.

In general, over the past five years, Saskatchewan has had a relatively high and improving standard of living, a healthy labour market and thriving economy. However, the global downturn impacted the ability of the province to perform at the same level in 2009.[8] The collapse in potash production had a significant impact on the province's performance.[9]

While not immune to the economic downturn in 2009, Saskatchewan came through the recession very well compared to other provinces. A variety of economic developments in Kelsey Trail Health Region in 2009-10 pave the way for a positive economic outlook for the northeast.

The purchase of the Carrot River Sawmill and Hudson Bay Plywood Mill by C & C Wood Products of Quesnel, British Columbia was finalized in September 2009. Both operations were closed by Weyehaeuser in 2007. Renovations are expected to be undertaken at the Carrot River and Hudson Bay operations in 2010 and, depending on market conditions, both may be operational by August of 2011.

In January 2010, the Government of Saskatchewan announced the reallocation of wood from the Prince Albert Forest Management Agreement. C & C Wood Products (Carrot River) received a softwood allocation of 75,000 cubic metres.

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[7] Public Health Nutritionists of Saskatchewan Working Group (2010). The Cost of Healthy Eating in Saskatchewan 2009: Impact on Food Security. Saskatoon: Public Health Nutritionists of Saskatchewan Working Group.

[8] Enterprise Saskatchewan, Measuring Saskatchewan's Progress: Performance Indicators for Saskatchewan's Economy October 2009.

[9] The Leader-Post April 28, 2010.

Carrot River is also benefiting from a growing world demand for the high quality horticultural peat moss produced by Premier Horticulture Inc. The company opened a second bog near the community in the summer of 2009, increasing production and employment opportunities. Premier Horticulture annually packages and ships nearly 2 million bales of peat moss to markets throughout Canada, the U.S. and Asia.

In 2009-10, the Town of Carrot River partnered with Premier Horticulture to develop an access route to a 5,000 acre sphagnum peat moss bog site 30 km north of the Town of Hudson Bay. The new site has the potential to provide 70 to 100 years of peat resource to the Carrot River processing plant. In June 2009 the Government of Canada, through the Western Economic Diversification Canada Community Adjustment Fund, provided the Town of Carrot River with $5 million in funding to build a 22 km public road to the peat moss deposit. Road construction is expected to proceed in spring 2010.

Viterra Inc. announced plans to invest $1.8 million to increase the chemical and seed storage capacity as well as fertilizer storage and throughput at its Carrot River facility. Construction is scheduled to begin in 2010[10].

In October 2009, a pre-feasibility study on Shore Gold's Star-Orion Diamond project in the Fort a la Corne area confirmed that an open pit diamond mine could potentially produce 20 million carats worth $5.3 billion over the next 12 years. More than 70 kimberlites are in the area, 70% of which have been shown to include diamonds.

In November 2009, the Environmental Assessment Branch of the Saskatchewan Ministry of Environment issued the final Project-Specific Guidelines (PSGs) for the Star-Orion South Diamond project. Shore is now required to conduct an Environmental Impact Assessment (EIA) for technical and public review[11].

The development of the mine would bring substantial economic development to Prince Albert and Melfort as well as several other communities in the Kelsey Trail Health Region. The mine is expected to provide direct employment for about 500 people annually over its project 12-year life[12].

Over the winter, the Borden property drill program by Goldsource Mines Inc. continued near Hudson Bay. Current estimated resources at Borden total 64.5 million indicated tonnes, 89.6 million inferred tonnes and 18.7 million speculative tonnes of coal[13].

After four years of strong grain and oilseed prices, in 2009 the agricultural community experienced its first decline in prices since 2006. Northeastern Saskatchewan has a total cropped area of about 3.5 million acres and boasts of some of the most fertile and productive soils in the province.

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[10] Saskatchewan Labour Market Bulletin, March 2010.

[11] The Star Explorer, Volume 3 Issue 1, January12, 2010

[12] Prince Albert Daily Herald, August 28, 2009.

[13] Saskatchewan Labour Market Bulletin, March 2010.

Despite significant challenges throughout the 2009 growing season, farmers managed to take off an average to above-average crop. The unusual growing season resulted in many crops maturing unevenly[14]. Prices for grains and oilseeds in Canada have fallen sharply from 2008-09[15].

Progress on the development of the Nipawin Bio-Mass Ethanol New Generation Co-operative Ltd., to convert biomass from both agricultural and forestry waste into fuel-grade ethanol, continues. The Saskatchewan Research Council has been contracted to perform the task of commercialization. At full capacity, the company will employ 60 to 70 people[16].

A $30 million project to upgrade the E.B. Campbell Hydroelectric Station near Nipawin has been announced. The project is expected to begin in July 2010 and will require 20 – 25 tradespersons initially. It is expected to be completed by August of 2011[17].

The community of Nipawin will benefit from recreational infrastructure investment funding provided by the federal and provincial governments. The Town of Nipawin received $2 million to upgrade the Centennial and Jubilee Arena complex[18]. The Town of Nipawin also received $100,000 from the Community Development Trust Fund (CDTF) to be used to draw up a comprehensive economic development plan aimed a diversifying the local economy[19].

In late March of 2009, Cumberland College received a total of $7.4 million in provincial and federal funding to build a new 1,300 square metre facility in Nipawin. The investment will allow for the expansion and renovation of the Nipawin campus. The new facility will increase the capacity to train students in advanced areas such as Red Seals trades in response to increased demand for skilled labour in sectors such as minerals, mining, hyrdo and energy.

In November 2009, Big Sky Farms Inc, Saskatchewan's largest hog producer, filed for protection from creditors. The company operates several units in KTHR. The extended downturn in hog prices associated with the risk of an H1N1 flu pandemic coupled with the rising Canadian dollar and American trade barriers resulted in declining consumer demand for pork products,. As of March 2010, the company was no longer operating within the "Companies Creditors Arrangement Act" (CCAA).

Avatex Devcorp Inc. of Edmonton, Alberta is building a new 30-acred regional shopping centre in Melfort called "Stonegate". Construction of Canadian Tire began in August 2009 and the major national retail chain opened in February 2010. Future development plans also include a Ramada Hotel, large grocery store, additional retail stores, free standing restaurants, and one or more banks. When fully developed the shopping centre is expected to provide about 275 full-time jobs and 325 part-time jobs[20]

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[14] Saskatchewan Ministry of Agriculture Crop Report, Report Number 33, December 23, 2009.

[15] Agriculture & Agri-Food Canada, Canada Grains & Oilseeds Outlook, January 28, 2010.

[16] Nipawin Journal, April 2009.

[17] Saskatchewan Labour Market Bulletin, June 2009.

[18] Saskatchewan Labour Market Bulletin, December 2009.

[19] Saskatchewan Labour Market Bulletin, Feburary 2010.

The City of Melfort received $3.1 million from the federal and provincial governments for waterline-storm sewer replacement[21].

The North East Enterprise Region, which encompasses the former North East and Etomani Regional Economic Development Authority's, was announced in July 2009[22].

Macloc Construction has begun work on a new $17 million school in Porcupine Plain that will replace the existing Porcupine Plain High School and Porcupine Elementary School. The building will accommodate approximately 300 students from K to Grade 12 and will also include a daycare. The school is expected to be completed by September of 2010[23].

Parrish & Heimbecker opened a new elevator near Tisdale. The new 12 foot, 342,000 bushel elevator employs between six and eight staff. Construction of the new Super 8 motel in Tisdale commenced in the fall of 2009. The new 64-66 room Super 8 Motel is slated to open in July 2010.

With 134 less students expected in the 2009-10 school year, the North East School Division eliminated four teaching positions and 16 support staff positions throughout the division. The teaching positions were eliminated through retirements. Fourteen support staff, the majority of which are educational associates, were laid off[24].

Hunting and fishing are multi-million dollar businesses in Saskatchewan with more than 500 outfitters in the province. Of the more than 200 active outfitters reported by the Saskatchewan Non-Resident White-Tailed Deer outfitters, 58 are listed in the Cumberland College region and 13 of those are in the Hudson Bay area.

A recurring theme in the northeast is the growing concern with the shortage of skilled and unskilled labour. The importance of this issue is reinforced at both the provincial and national level. Lower education levels, Aboriginal unemployment and an aging non-Aboriginal population are contributing to the labour shortage.

KTHR Employee Demographics

Kelsey Trail Health Region's workforce includes 1,598 active employees representing just over 1,194 full-time equivalents (FTEs). In total, 43.3% of the region's total workforce is are 50 years or older. The 30-49 year age category is represented by 45.2% of the workforce while the remaining 11.5% are in the 18-29 year age group. The regional workforce continues to be comprised of approximately 92.5% females.

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[20] Saskatchewan Labour Market Bulletin, December 2009.

[21] Saskatchewan Labour Market Bulletin, August 2009.

[22] Saskatchewan Labour Market Bulletin, September 2009.

[23] Saskatchewan Labour Market Bulletin, December 2009.

[24] Saskatchewan Labour Market Bulletin, July 2009.

Among the total active employees, 41.5% are full-time. Part-time employees make up 35.5% of the region's workforce while casual employees comprise the remaining 23%. Provincially, 60% of FTEs working in healthcare are full-time and almost 30% are part-time.

Within the region, the number of employees self-identifying as Aboriginal increased from 25 in 2008-09 to 47 in 2009-10. Seven employees self-identified during regional orientation. An additional 15 self-identified through various other means. In total, about 2.9% of KTHR staff have self-identified as Aboriginal. KTHR continues to work toward the goal of achieving a more representative workforce. Toward that end, KTHR continues to be one of 27 partners in the Aboriginal Employment Development Program in Nipawin who share the common vision to achieve a more representative workforce in the northeast. KTHR also invests significant time to attend career fairs for secondary students in many First Nations communities in the region.

The region's nursing staff totals 250 and includes Registered Nurses, Registered Psychiatric Nurses and Nurse Practitioners. Among the regional registered nursing staff, 44.8% are full-time. The remaining 55.2% are working in part-time or casual positions. The registered nursing staff is supported by 109 Licensed Practical Nurses and 463 Special Care Aides/Home Health Aides. During 2009-10, six of the16 SUN members that retired were rehired. Twenty-eight SUN members reached Rule of 80 retirement eligibility in 2009-10 and an additional 14 will be eligible to retire over the next two fiscal years.

A significant percentage of Kelsey Trail employees are long-term. Forty-four KTHR employees retired in 2009-10. Of those, ten were rehired by the region. In total, 121 employees reached Rule of 80 retirement eligibility in 2009-10 and continue to work for Kelsey Trail. Over the next two fiscal years, 93 more employees will reach Rule of 80 retirement eligibility. .

The single largest challenge the region faces is in the area of recruitment and retention, particularly physicians. Physician recruitment challenges are not unique to Kelsey Trail which results in a highly competitive recruitment market. The region decided to capitalize on the decision to hire a part-time Physician Recruitment Co-ordinator in 2008-09 and made the position full-time in 2009-10. The region has also invested in the services of professional recruitment agencies. Kelsey Trail is optimistic that a physician recruitment strategy announced by the Ministry of Health will enhance regional efforts to recruit and retain doctors.

Representatives from Kelsey Trail joined members of the Saskatchewan Health Recruitment Agency, other RHAs, representatives of the College of Physicians and Surgeons and the College of Medicine on a recruitment trip to Dublin and Cork, Ireland in March of 2009 in an effort to recruit Canadian medical students studying in Ireland. In September 2009, the KTHR Physician Recruitment Coordinator participated in a similar recruitment trip to England along with representatives from the Ministry of Health, College of Physicians & Surgeons and the Saskatchewan Cancer Agency.

Kelsey Trail lost several physicians in 2009-10 however the region also enjoyed significant recruitment success. The region narrowly averted the temporary closure of the Emergency Room at Nipawin Hospital in the summer of 2009 as the result of the resignation of three physicians in Nipawin and two in Carrot River. The loss of the physicians was offset by the successful recruitment of two permanent and a number of locum physicians to Nipawin over the summer and the relocation of an existing physician to Carrot River. Three more physicians were recruited to Nipawin in January and February 2010. Two physicians have been recruited to Melfort this year and one is expected to return from a one-year educational leave in June 2010.

The region has experienced retention issues in pathology, radiology and anesthesiology. In October 2009, the region's pathologist resigned. KTHR was able to successfully contract pathology services from the Saskatoon Health Region. In December 2009, the region's radiologist resigned. Locum coverage was provided until the end of March 2010 at which time a radiologist from Ontario was successfully recruited to provide services in the region four days per month. The successful recruitment of a radiologist to serve the region has relied heavily on the development of the regional RIS-PACS (Radiology Information System-Picture Archiving Communication System) and has also resulted in the relocation of the region's fluoroscopy services to one location in the region.

Additional contact with prospective physicians indicates several more physicians will be arriving in the region in the new fiscal year, including a pediatrician. The recruitment success the region has experienced in 2009-10 has put Nipawin, Melfort and Tisdale closer to meeting their respective ideal complement of family physicians however insufficient anesthetic resources continue to produce challenges for the region. A lack of anesthetic resources resulted in the temporary discontinuance of emergency surgical services at Nipawin Hospital in December 2009 though scheduled surgeries were able to continue through the provision of locum anesthetic coverage. However, the cancellation impacted the region's ability to meet the 2009-10 surgical targets. A shortage of physicians skilled in obstetrics resulted in the temporary loss of the obstetrical program in Tisdale in January 2010.

While recruitment has been successful, physician retention is beginning to become a greater issue. Until the region is successfully able to recruit a full complement of physicians that will make permanent commitments, timely and appropriate access to physicians will continue to be an issue. Many residents of the region continue to experience difficulty accessing a family physician.

Nursing recruitment has been successful in KTHR in 2009-10 primarily as the result of the partnership agreement signed by the Saskatchewan Union of Nurses (SUN) and the provincial government in 2008. Through the agreement, a target number of Registered Nursing and Registered Psychiatric Nursing positions were set for each RHA in the province. To date, KTHR has made significant progress toward meeting the target of 14

FTE's, adding a total of 13.09 FTE nursing positions regionally. While the region has successfully recruited one additional Nurse Practitioner this year, the recruitment of Nurse Practitioners continues to be a challenge.

KTHR also experiences challenges in filling position vacancies in Lab, Diagnostic Imaging, Pharmacy, and Physiotherapy. Recruiting skilled, qualified support staff in Food & Nutrition Services, Environmental & Laundry Services, and Building Services & Grounds Maintenance is also an issue.

Health Status

Health status refers to the state of health of individuals, groups or populations. The indicators of health include a variety of the traditional measures that impact the number of deaths and the frequency of the occurrence of disease of a population. Health status can also include individual perceptions of one's own health. Within KTHR several health status indicators may be taken into consideration when analyzing the health status of the population as a whole.

Obesity is a major risk factor contributing to a variety of chronic conditions including type II diabetes and heart disease. Reducing the risk of obesity decreases the risk of a variety of other chronic conditions such as cardiovascular disease, type II diabetes and certain types of cancer. Factors that contribute to rates of obesity include levels of physical activity; genetics; parental modeling and environmental factors in the home, work and school setting; socio-economic status; education; and socio-cultural influences.

High rates of obesity impact on conditions such as heart attack and stroke, the prevalence of type II diabetes, osteoarthritis and other joint disorders, quality of life, mental health conditions such as depression and anxiety as well as the overall feeling of personal health and well-being.

According to the Canadian Community Health Survey, Body Mass Index (BMI) is a method of classifying health risk[25]. WHO and Health Canada guidelines associate levels of health risks with BMI categories ranging from normal weight, which has the least health risk, to obese, class III, which is associated with extremely high health risk. Greater health risks are associated with higher BMIs. According to the WHO and Health Canada guidelines, a BMI of 30.0 and over is considered obese while BMI between 25.0 and 29.99 is considered overweight.

In KTHR, the percentage of individuals 18 and over classified as overweight has declined since 2005 however there has been a steady increase in the percentage of the population considered obese.

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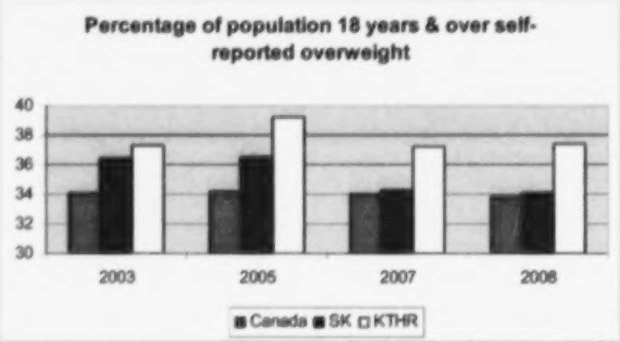
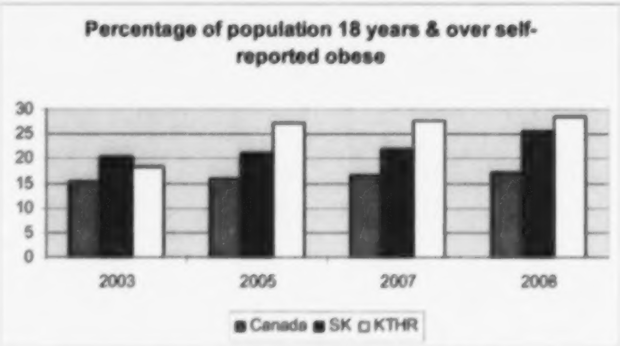
[25] . Statistics Canada. *Table 105-0501 - Health indicator profile, annual estimates, by age group and sex, Canada, provinces, territories, health regions (2007 boundaries) and peer groups, occasional*, CANSIM (database). http://cansim2.statcan.gc.ca/cgi-win/cnsmcgi.exe?Lang=E&CNSM-Fi=CII/CII_1-eng.htm (accessed: May 3, 2010)

At 37.47%, the percentage of the population considered overweight continues to be higher than that of the provincial average of 34.1% and the national average of 33.8%.

The population of KTHR reports a rate of obesity that is significantly higher than the national rate of 17.2%. In KTHR, 28.4% of the population is considered obese, which is also higher than the provincial average of 25.6%. The obesity rate in Kelsey Trail, like that of both the province and the nation, has been on the rise.





Although data was not available for Kelsey Trail, the rate of youth (12-17 years) considered overweight or obese is also increasing provincially and nationally. At the provincial level, 21.8% of youth are considered overweight or obese. Nationally, the average is 19.3%.

In recent years, there has been significant concern with the rising obesity level among Canadian children and youth. According to *The Active Healthy Kids Canada Report Card on Physical Activity for Children and Youth 2010*, the national prevalence of those under six considered overweight and obese is increasing[26]. The likelihood of children who are considered obese before the age of six being obese later in childhood and as adults is significant.

No province or territory is currently meeting the Canadian physical activity guideline of 90 minutes of daily activity. At 13%, Saskatchewan is just above the national average of 12%. Provincially, some of the challenges associated with achieving the guidelines include competing priorities in terms of meeting curricular and extra-curricular physical activity guidelines at the school level; parental perception that most children are reaching the recommended level of physical activity when, in fact, only 15% of children are; and challenges in accessing community programs and facilities as the result of geographic proximity, cost, and cultural/ability inclusiveness.

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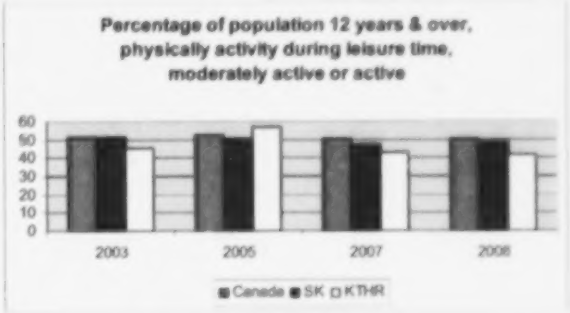
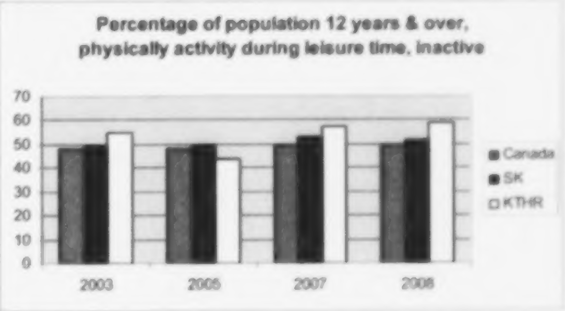
[26] Active Healthy Kids Canada. Healthy Habits Start Earlier Than You Think. The Active Healthy Kids Canada Report Card on Physical Activity for Children and Youth. 2010; Toronto, ON.

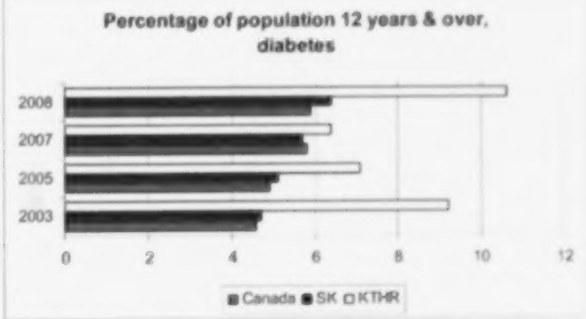


Participation in physical activity can result in a wide range of health benefits. In addition to affecting body weigh, maintaining physical activity can have a positive impact on mortality and morbidity rates related to cardiovascular disease, the prevalence of depression, and the incidents of diabetes. There are also a considerable number of economic benefits associated with physical activity including reduced health care costs and increased productivity.



The percentage of the population aged 12 and over reporting a level of physical activity based on their responses to questions about the nature, frequency and duration of their participation in leisure-time physical activity is classified into three categories: active, moderately active or inactive. The classification is based on an index of average daily physical activity over the past three months.

In KTHR, the percentage of the population considered moderately active or active has been gradually declining while the percentage considered inactive has increased. Regionally, 41.3% of the population is considered moderately active or inactive, compared to 48.7% provincially and 50.6% nationally. At 58.7%, the percentage of the KTHR population considered inactive is also greater than that of the province (51.3%) and the nation (49.4%).



Diabetes is a progressively debilitating disease associated with several chronic disease complications. It has an effect on quality of life and carries high utilization costs. Factors that contribute to diabetes include age, sex, genetics, nutrition, obesity, ethnic background, physical inactivity, viral infections and other dynamics such as smoking, alcohol use, hypertension, heart disease, gestational diabetes and stress.

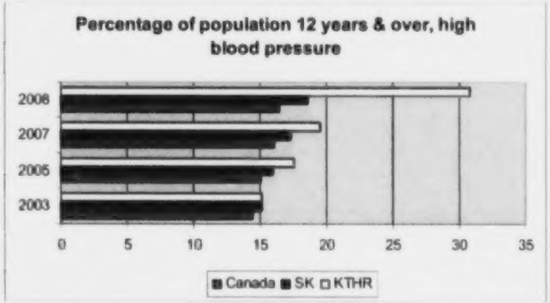
Nationally, the percentage of the population 12 and over that report having diabetes has been on the rise. Between 2005 and 2008, the national percentage increased from 4.9% to 5.9%. Nationally, men are more likely than women to report they have diabetes however, between the ages of 20 and 34 years, women were more likely than men to have diabetes.

Since 2001, rural residents have reported higher rates of diabetes than their urban counterparts. While the rates of diabetes in KTHR decreased between 2003 and 2007, they almost doubled between 2007 and 2008, moving from 6.4 to 10.6%. The percentage of the KTHR population 12 years and over reporting a diagnosis of diabetes is significantly higher than the 6.4% reported by the province.

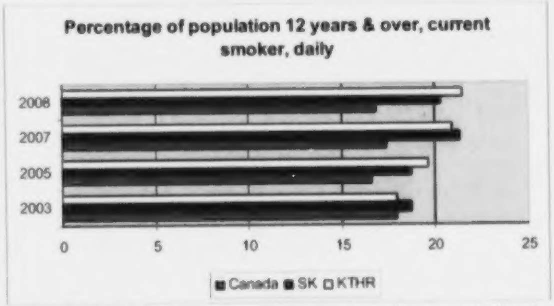
According to the Public Health Agency of Canada's *Report from the National Diabetes Surveillance System: Diabetes in Canada, 2009*, a massive increase in the prevalence of diabetes is forecast over the next two years. The number of Canadians one year and older diagnosed with diabetes is expected to grow by six percent annually. In addition, a 10% increase in children and adolescents living with Type I and II diabetes has been forecasted.

At the provincial level, the number of people diagnosed with diabetes continues to increase. It is estimated that one-third of the population has the condition but have not been diagnosed. Any inroads that are being made in diabetes prevention are attributed to the prevention and population health work that has been undertaken by the Ministry of Health, regional health authorities and key stakeholders.

The number of patient years of dialysis provided to residents of the region has grown in correlation to the increase in the prevalence of diabetes. KTHR currently operates a satellite dialysis unit from the Tisdale Hospital. As a direct result of a steady increase in the region's waiting list, the satellite unit received Ministry approval to add two more chairs/stations in 2009-10, increasing from four to six chairs/stations to accommodate 24 clients with end-stage renal disease. Satellites are funded to provide a specific number of patient years of dialysis given the size and operating hours of the satellite. Since 2003-04 patient years of dialysis have increased by 40% regionally as compared to 25% provincially. One patient year is equivalent to 156 hemodialysis treatments (three times per week/52 weeks per year). With the expansion of the unit in 2009-10, the KTHR regional satellite hemodialysis unit provided 18.81 patient years of dialysis.

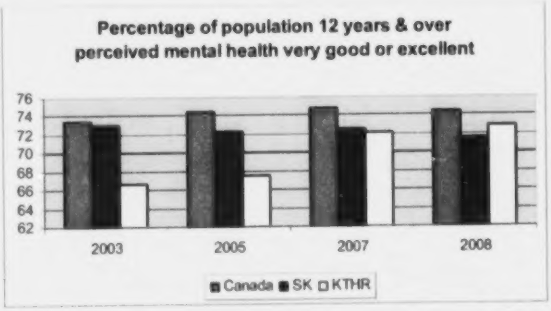


Almost twice the percentage of the population 12 years and over in KTHR report high blood pressure as that of the province and nation. In Kelsey Trail, 30.8% report high blood pressure, significantly higher than both the provincial rate of 18.6% and the national rate of 18.4%. While this rate has been gradually increasing in the region, between 2007 and 2008 it rose significantly from 19.5 to 30.8%.



The percentage of the population 12 and over that report being current, daily smokers is higher than both the provincial and national rates. Daily smokers are those that report smoking everyday. Regionally, 21.4% of the population smokes daily, a rate that has gradually increased since 2003. Smoking rates are on the decline provincially and nationally. At 20.3%, the provincial rate is slightly lower than the regional rate while the national rate is lower than both at 16.8%.

The total rate of cancer incidence per 100,000 population in KTHR for all cancers is 150.1, which is lower than the provincial rate of 171.8. The total rate of colorectal cancer in the region, at 19.8, is higher than the provincial rate of 17.2. For males, the colorectal cancer rate is significantly higher in Kelsey Trail at 30.4 as compared to 21.3 per 100,000 provincially. The total rate of lung cancer incidence in the region is 36.7 which is lower than the provincial rate of 41.9. While the regional rate of breast cancer, at 14.2, is significantly lower than the provincial rate of 23.7, the regional rate of prostate cancer is 36.3, slightly above the provincial rate of 35.6[27].



Perceived mental health, the perception of a person's mental health in general, provides a general indication of the population suffering from some form of mental disorder, mental or emotional problems, or distress, not necessarily reflected in perceived health. In Kelsey Trail, 72.8% of the population 12 and over perceive their mental health as very good or excellent, slightly more than the provincial average of 72.8%. Perceived mental health has been gradually improving in the region since 2003.

However, the percentage of those that perceive their mental health as fair or poor has been gradually decreasing over the same period. The regional rate has decreased from 6.8% in 2003 to 4.2% in 2008. The regional rate is lower than both the provincial and the national rates.

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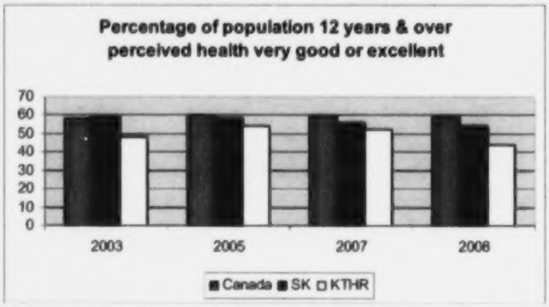
[27] Statistics Canada. 2009. *Kelsey Trail Regional Health Authority, Saskatchewan* (table). *Health Profile*. Statistics Canada Catalogue no. 82-228-XWE. Otawa. Released June 25, 2009. http://www12.statcan.gc.ca/health-sante/82-228/2009/06/index.cfm?Lang=E (accessed May 6, 2010).

The KTHR rate of suicides and self-inflicted injuries[28] is higher than both the provincial and national rates at 15.2 per 100,000 population. The provincial and national rates are both 11.3. KTHR's suicide and self-inflicted injury rate for males (24.5 per 100,000) is significantly higher than the provincial (18.1) and national (17.9) rates.

Self-rated health status is a general indicator of the overall health status of individuals. Factors that contribute to self-reported health status rating include age, sex, mental health, the prevalence of chronic conditions, socio-economic status and lifestyle factors such as smoking, alcohol and drug use, physical activity and nutrition. Self-rated health status may impact on other indicators such as the use of health services, the use of diagnostic tests and patient satisfaction ratings.



Perceived health refers to individual perception of health and includes not only the absence of disease but also physical, mental and social well-being. In Kelsey Trail, the percentage of the population 12 years and older that perceive their health as very good or excellent has declined since 2007 and is below both the provincial and national levels. Regionally, 44.1% of the population perceive their health as good or excellent, as compared to 54.1% provincially and 58.9% nationally. Conversely, the percentage of the population of KTHR that perceive their health as fair or poor is higher than both the provincial and national rate at 16%. The provincial rate is 13% while the national rate is 11.4%.

Life expectancy is a widely used indicator of the health of a population. In developed countries, life expectancy is related to socioeconomic factors such as poverty and education levels. It tends to be higher for women than men which may be related to risk-taking behaviour, use of health care services and the adoption of healthier lifestyles. Life expectancy is an indicator of the quantity, rather than quality, of life.

Several factors contribute to life expectancy. Those in lower income brackets tend to have lower life expectancy as do First Nations populations and northern communities. Aspects of quality of life, such as activity limitations and lack of or inequitable access to health care services can also contribute to life expectancy. Gender, the behavioural determinants of health such as nutrition, body weight, physical activity and smoking, and rural residency may also impact life expectancy.

In KTHR, life expectancy at birth continues to increase for both males and females. The life expectancy at birth for males (75.6 years) is slightly lower than the provincial average of 76.2 years. For females, the average of 82.5 years is slightly higher than the provincial average (81.8 years). At 65 years, life expectancy for males is 17.2 for males and 21.6 for females. Both are slightly higher than the provincial averages.

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[28] Statistics Canada, Canadian Vital Statitics, Death Database and Demography Division (population estimates), 2000 to 2002. CANSIM table no.: 102-0303

Infant mortality is one of the most widely recognized indicators of the overall health of a population. It reflects the level of mortality, health status and health care of the population, the effectiveness of preventative care and the attention paid to maternal and child health. Infant mortality also reflects on broader social factors.

Infant deaths warn of possible deficiencies in the physical and socio-economic environment, nutrition, education or health of the community. Factors that may contribute to infant mortality include low birth weight, lack of or late entry into prenatal care, substance use, prenatal nutrition and diet, congenital anomalies, the age of the mother at pregnancy and local factors of disparity. In Kelsey Trail, the seven year average (2001-2007) is 9.1 per 1,000 live births[29]. The provincial seven year average is 6.2 per 1,000 live births.

Emerging Health Issues

The health region works collaboratively with the Ministry of Health and Health Canada to maintain an awareness of emerging health issues. They are identified and addressed on the basis of priority.

The Aboriginal population within the region continues to grow. Working with Aboriginal communities, three issues have been identified as priority concerns: socio-economic status; mental health and addictions/trauma; and chronic disease (high rates of smoking and diabetes). Other issues include health care system access, the high incidence of sexually transmitted infections, Methicillin-Resistant Staphylococcus Aureus (MRSA), an antibiotic resistant staph infection, and the infant mortality rate.

Chronic disease management continues to be a major focus in the region. KTHR strategies address diabetes, hypertension, the overweight and obese, high rates of inactivity within the region, arthritis, sleep apnea, Chronic Obstructive Pulmonary Disease (COPD) and asthma.

KTHR is among the participants in the Saskatchewan Chronic Disease Management Collaborative II being led by HQC. Launched in October 2009, the 18 month-long initiative focuses on strategies for health care professionals to apply best, evidence-based practice in the treatment of Chronic Obstructive Pulmonary Disease (COPD) and depression. COPD is a respiratory disorder caused primarily by smoking. It is characterized by progressive, partially reversible airway obstruction and hyperinflation of the lungs. The fourth leading cause of death in Saskatchewan, COPD is expected to rise to the third leading cause of death by the year 2015. COPD death rates have more than doubled over the last three decades. Based on Statistics Canada data indicating the percentage of daily smokers is increasing in the region, KTHR is likely to report increased diagnosis of COPD in the future.

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[29] Saskatchewan Prevention Institute Infant Mortality in Saskatchewan: Evidence to Inform Public Health Practice February 2009. Appendix D: Table 3.

The incidence of diabetes continues to grow regionally. The Nipawin area is reporting twice as many incidents of pre-diabetes as the other areas of the region. KTHR has a Registered Indian diabetes incidence rate that is twice that of the provincial rate. Among the Registered Indian population of the region, diabetes is more prevalent in females than males. While there is some genetic predisposition for diabetes, it has been estimated that more than half of type 2 diabetes cases could be delayed or prevented through healthier eating and increased physical activity. Weight loss of five to 10% of initial body weight has been shown to significantly reduce the risk of diabetes.

Obesity has become more prevalent among adults and youth in the region. Several factors contribute to the increase in obesity in the population including reduced activity, a lack of family eaten meals, an increased number and access to convenience or "fast" foods, advertising, loss of homemade food and meals, limited or poor cooking skills, and food security issues.

The region has experienced some challenges in its ability to support optimal mother and infant health outcomes. Average length of stay for KTHR deliveries has declined significantly since 2005-06 and tertiary centres are discharging postnatal clients earlier. Public Health Nurses try to contact or visit postnatal clients within 48 hours of discharge however visits do not take place on weekends and often conflict with other workload during the week. KTHR is largely rural and does not have other agencies working with postnatal clients. The Patient First Review also identified issues with new mothers not knowing who to call and where to find information.

The KTHR Early Childhood Team has a wait list of two to three months. The 18 month communication screen used by Public Health Nurses during child health conferences has resulted in an increase in referrals. Group parent sessions are being offered while children wait for a formal assessment resulting in additional pressure on staff. The Early Childhood Team is struggling to meet the significant needs within the community of Cumberland House.

The introduction of new accountability criteria in the Early Learning and Childcare department has resulted in increasing demand on Speech Language Pathology and Early Childhood Psychology time. Children receiving services from a licensed daycare or the North East Early Childhood Intervention Program (NEECIP) are now required to have formal plans and goals, requiring more meetings and administrative time.

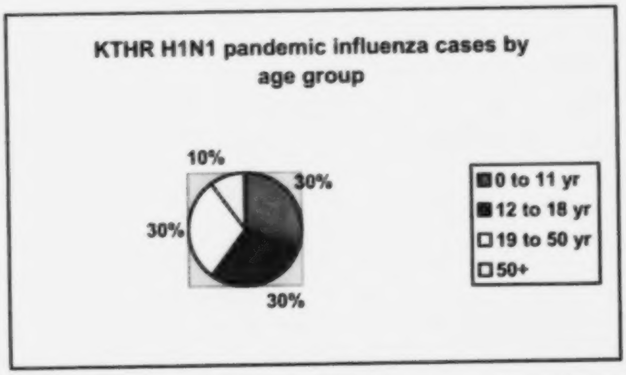
Poor oral health and untreated tooth decay is a huge economic burden that exceeds most other health conditions. The burden is disproportionately more on lower income people and Aboriginal populations. These disparities were emphasized in the *Canadian Oral Health Strategy (COHS) Guidelines for 2010*, which states low income Canadians have 2.5 to three times higher treatment and decay rates than the rest of the population. Rates for Aboriginal populations in all age groups ranged from three to five times higher than non-Aboriginal populations.

KTHR is not meeting the COHS Guidelines for Grade One students. Under the guidelines, the goal is 50% of Grade One children have never experienced dental decay and no more than 20% of Grade One children have unmet dental treatment needs. In KTHR 34% of children have never experienced dental decay and 32.8% of children have unmet dental treatment needs.

KTHR also failed to meet the COHS Guidelines for Grade Seven children. Only 59% of KTHR children have never experienced dental decay in their permanent teeth, less than the goal of 75%. In total, 14.1% of KTHR children have unmet dental treatment needs, slightly over the goal of 10%. The average DMFT (decayed/missing/filled teeth) in KTHR is 3.87 which is greater than the 1.0 goal. The region has met the goal of 3.0 or less "Significant Caries Index", DMFT.

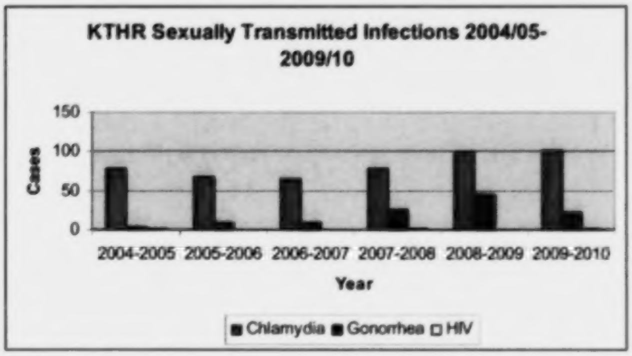
According to the 2009-2010 report on fluoride mouth rinse programs conducted in schools throughout the province, fluoride programs continue to be a safe and effective way to prevent decay. Studies indicate fluoride rinsing reduces new tooth decay by 20-50%. The provincial participation rate in the fluoride rinsing program is 90%. KTHR provides the program to 13 schools with an 88% participation rate. Children who live in communities with access to fluoridated water supplies have a lower average rate of decay than those living in communities without access to fluoridated water. Unfortunately, only 26% of the region's population has access to fluoridated water.

The number of communicable diseases reported between July 2009 and March 2010 is higher than usual due to the lab positive cases of H1N1 pandemic influenza in the region this year. The H1N1 pandemic influenza put significant pressure on the entire Public Health department who were forced to temporarily delay many of their other duties in order to concentrate on the mass immunization of the population between October and December 2009.



There were 13 positive cases of H1N1 pandemic influenza reported during the first wave (May 14th to July 29th). During the second wave (October 28th to November 28th), 104 cases of H1N1 pandemic influenza were reported. Sixty percent of the H1N1 pandemic cases reported during the first and second wave were 18 years and younger. During the first wave, 46% of cases were reported among those 18 years and younger, 54% were 19 to 50 years and none were over 50 years of age. The number of influenza immunizations increased substantially in 2009-10, largely due to the H1N1 pandemic influenza. KTHR recorded 23,598 immunizations as compared to 5,031 the previous year. In total, seven individuals were hospitalized with H1N1 pandemic influenza, two of which were transferred to a tertiary centre for care.

In addition to H1N1 pandemic influenza, five cases of a novel H1N1 virus were reported in hog barn workers in KTHR as well as some neighboring RHAs. All cases were thoroughly investigated and found to be dead-end infections (the virus was not capable of person-to-person transmission).



The number of sexually transmitted infections reported in the region has been gradually increasing. Over the last three years, the number of gonorrhea cases in the region has doubled. The majority of the cases are in the 15 to 25 year age group.

Though new cases of HIV have been stable in KTHR with between 0 and 2 reported annually for the past eight years, Saskatchewan has seen a significant increase in new cases of HIV over the same period. At twice the national average, Saskatchewan currently has the highest rates of HIV in the country. In Saskatchewan, new cases of HIV are associated primarily with injection drug use and the majority of cases are among First Nations and Métis women under 30 years of age.

During the last four years the region has averaged between 78 and 101 cases of community acquired MRSA, double the cases reported in the 2003-04 fiscal year. KTHR continues to be part of the Northern Antibiotic Resistance Partnership and the MRSA five-year study.

Nine of the 66 animals involved in "animal bite incidents" were tested for the rabies virus this year. Between January 2009 and February 2010, the Canadian Food Inspection Agency (CFIA) reported six of nine animals tested were positive. Two of the six animals that tested positive were involved in an "animal bite incident". Fifteen clients received the rabies vaccine series in 2009-10. The total number of animal bite incidents in the region remains less than the previous year. However, five rabies positive raccoons have been reported in KTHR area since October 2009 and, in some cases, human, pet and livestock exposure was involved. The humans that were involved were promptly immunized with rabies immune globulin and rabies vaccines.

There has been a gradual increase in workload and the level of care required by residents of long term care facilities. Staff deal with increased incidents of behavioural problems, wound care, palliative care and increasingly demanding care planning. The level of care among residents has increased significantly over the past 15 years. Previously, levels one to four were all being admitted to long term care while today only levels three and four are admitted. There has been no significant increase in staff to offset the increased care required.

In total, 19.1% of the population of the region is 65 years and older, which is higher than the provincial average of 15%. According to 2005/06 falls hospitalization data per 1,000, of the population 65 years and over, KTHR has a rate 27.7 for females and 16.3 for males, both of which are higher than the respective provincial rates of 26.4 and 14.3. The ten year average number of hospitalizations from fall injury to seniors is 170 per year in KTHR which amounts to 1,190 bed-days and can cost the region up to $3.11 million annually.

While investment in a falls prevention strategy would be significant, the value of that investment would benefit both the region and the seniors impacted by falls. A ten percent decrease in seniors' falls hospitalizations would result in 17 fewer hospital beds required in regional acute care facilities annually which would amount to 119 bed-days available in total to meet other acute care needs. In terms of clients, the benefits would include reduced wait times in emergency rooms, diagnosis, treatment or surgery; a significant annual reduction in injury spending; and timely care for clients facing the challenges presented by disease and illness. Seniors' fall prevention is an ROP requirement of Accreditation Canada for acute and long term care.

The demand for Home Care is increasing. The number of clients receiving home health services (nursing) and home support services (homemaking and personal care) increased from 13,211 in 2008-09 to 16,632 in 2009-10. The number of face-to-face home support visits also increased significantly over the past year, moving from 197,040 to 229,130. Home care is receiving more requests for care of clients in rural areas which increases the demand for staffing. Home care provides services in an effort to extend a clients' stay at home which is more cost-effective than either hospitalization or long term care but puts increasing pressure on Home Care staff. Home Care client care has also become increasingly demanding due to the complexity of client needs.

Enhanced staffing requirements will be required in relation to the provincial mandate to decrease the number of alternate level of care clients occupying acute care beds. To meet this objective, Home Care will be required to maintain individuals who do not require long term care but may have previously been admitted. This practice will foster bed availability for those with greatest need. The provincial surgical mandate is also impacting workload as Home Care attempts to keep clients at home. There has been an increasing number of client concerns/occurrences in relation to Home Care, identifying the increasing complexity of client needs as well as the importance of having the adequate number and competencies of staff and adequate nursing managerial supervision to oversee care.

There has been in increase in referrals to Mental Health and Addiction Service (MHAS). In total, 554 referrals were made this year as compared to 440 last year. Almost 40% of referrals were made regarding substance abuse. Fifteen percent were related to depression and 15% were related to anxiety.

There continues to be a long waiting list in MHAS Adult and Child & Youth programs. There is a six week waiting list for Nipawin in both Child &Youth and Adult programs. Wait times in Melfort, Tisdale, and Kelvington are approximately two weeks for new referrals. There is no wait list for Addiction Services or Community Mental Health Nursing but there continues to be pressure for Community Mental Health Nursing in the Melfort area. Currently, nursing is restricted to services for the long- term mentally ill. As a result, MHAS nursing is unable to provide counseling services for the Adult Community program.

Over 100 clients are on therapy waiting lists as the result of staffing shortages.

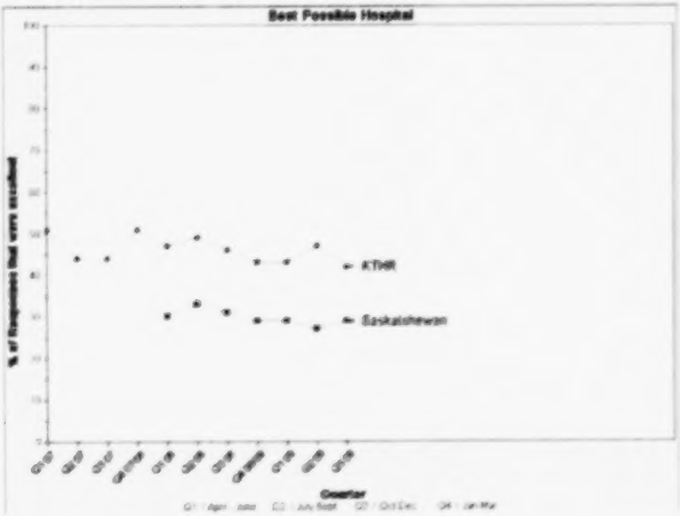
2009-10 Performance Results

The Ministry of Health develops and issues an annual accountability document for Kelsey Trail Health Region which clarifies the performance relationship between the Ministry and the RHA. The Accountability Document establishes the Ministry's expectations for the region, highlighting the strategic directions for the RHA for the fiscal year and includes reporting requirements. The Accountability Document complements existing legislation, regulations, contracts and ministerial directives and policies. A key role of the RHA is to ensure strategic oversight by providing leadership that includes monitoring the performance of the organization. Focusing on the health of the individual, providers, sustainability and the health of the population, these key perspectives translate the region's vision, goals and priorities into a comprehensive set of performance measures which provide a framework for implementing organizational strategy.

The 2009-10 Year-End Regional Composite Report indicates 67% of Kelsey Trail Health Region's measures are on target. The region experienced difficulty meeting targets in four areas: surgical volumes; number of patients classified as awaiting long term care placement in an acute care bed; number of wage-driven premium hours per FTE by affiliation; and the number of lost-time claims per 100 FTEs.

Key Action 1.1.2.1: *To develop, implement and publicly release by December 31, 2009, a Board approved plan for engaging the customer that includes clear service delivery expectations and region-specific targets for improved customer engagement and satisfaction.*

The region will utilize the baseline data from the Health Quality Council (HQC) Patient Experience Survey to set a target to measure the percentage of patients who rate service as excellent or exceptional in acute care settings. Data for this measure is collected and housed by the HQC. The survey is mailed to a random selection of people who were discharged from an acute care facility within the region. The results are distributed to KTHR by HQC who reports the highest rating for each question.



HQC collects data on the percentage of patients rating the hospital where they received their care as "The best possible hospital" (10 on a scale of 0-10 and provides a report on a quarterly basis. Current data is from the most recent reporting period January to March, 2010. KTHR has consistently rated at least 10% above the provincial average. For the 2010-11 year, KTHR will increase the Acute Care Patient Experience Survey (PES) sample size from 879 to 1,950 in order to generate more data to support regional quality improvement work. The Ministry of Health will be working with HQC to develop short and medium term targets for this measure.

Regional policy has been developed regarding the requirement of all departments to develop plans to improve client engagement and satisfaction. Departments will be required to identify measures and targets by March 31, 2012. The region also reviews the balancing measure of staff engagement through the provincial employee survey and the Accreditation Canada tool – the Worklife Pulse.

In January, 2010, the RHA formally approved and submitted the region's customer engagement plan to the Ministry. Utilizing targeted retention funding, KTHR worked with Olivia McIvor of The Izzo Group to develop a mandatory employee training program for new and existing staff that will breathe life into the regional and provincial values while encouraging all staff to be accountable for personally building their own character to support connection, compassion and community in the workplace. The ultimate goal of the program, entitled *Compassion In Action*, is to provide an exceptional experience for clients, residents and patients.

In March 2010, the training program was still in the developmental stages therefore, the region was unable to meet the target to have 100% of new staff receive orientation on an ongoing basis by March 31, 2010. The program will be piloted and facilitators will be trained in May 2010. Orientation will begin being delivered to new staff soon after. A plan for the orientation of existing staff to the RHA's service delivery expectations will be developed in an effort to meet the target of 100% by March 31, 2011.

Key Action 1.2.1.1: *To improve the appropriateness, efficiency and effectiveness of processes involved in the delivery of diagnostic imaging and surgery by: (a) implementing Shared Decision Making methods and approaches to inform and engage patients in decisions about elective surgery; and (c) building capacity within RHA's with respect to the use of improvement science methodologies specifically oriented to improving flow, efficiency, patient and provided satisfaction (i.e. advanced access, queuing theory, Lean, operations research).*

Shortly after the recommendations of the Patient First Review were released in October 2009, the Ministry of Health and RHA's began working with stakeholders to improve the surgical experience for patients to achieve the Ministry's target to reduce surgical wait times to no more than three months within the next four years. The group focused on making improvements to the continuum of surgical care at four stages: primary health service, pre-surgical interventions, surgical patient flow and post-operative care. The

Saskatchewan Surgical Initiative was released in March 2010 and includes funding for a number of initiatives for the 2010-11 fiscal year.

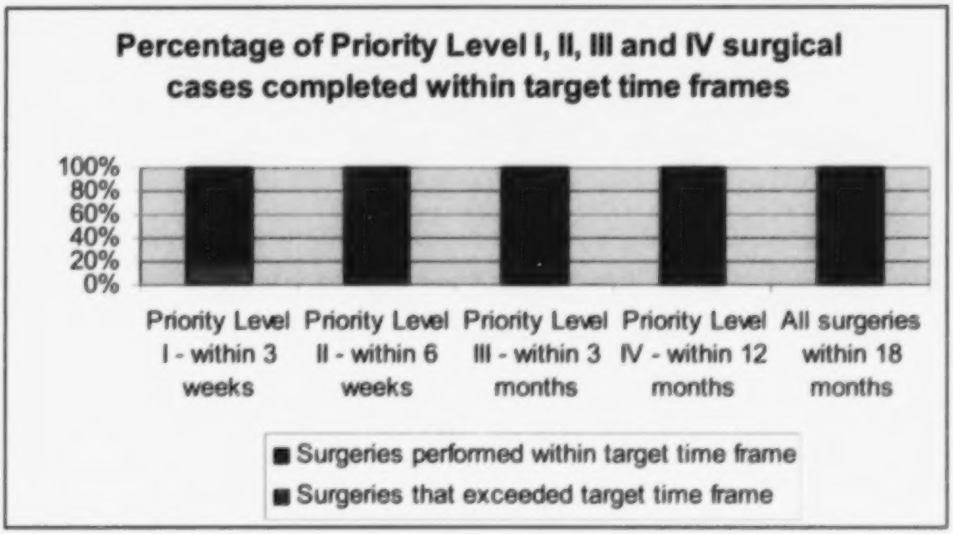
A Shared Decision Making framework for hip and knee, spine and prostate surgical procedures is currently under development. KTHR does not provide these surgical procedures however the region expects to be involved through the surgical pathway. KTHR accepts requested transfers back from tertiary centres within 24 hours of requests unless patients have complex care needs and arrangements have to be made for equipment such as a wound vac machine.

The region wants to increase involvement in the surgical care pathway and would like to be involved in training programs that are part of the pathways. Being involved in this training would allow hip and knee, spine and prostrate surgical clients to return to the region earlier. KTHR has submitted a request to add a transitional unit that would allow the transfer of patients that require additional recovery time before returning home or for those that require additional therapy following hip, knee or spine surgery. Physicians and staff in the region are committed to assisting in advancing the surgical program within the region and to provide the quality service that will continue to allow KTHR residents to access surgical services as close to home as possible.

Key Action 1.2.1.2: *To adopt, monitor and achieve the targets established by the Ministry for diagnostic imaging and surgery, and to improve both patient flow and the patient experience across the entirety of the surgical episode value stream, from primary care through to rehabilitation and home.*

KTHR has implemented strategies to improve patient flow and the patient experience across the surgical episode value stream. The region has reviewed available, open OR time and has posted open OR time on the Saskatchewan Surgical Care Network (SSCN) Physician Referral Guide website. KTHR currently runs surgical programs in Melfort Hospital and Nipawin Hospital and capacity exists in both programs to increase surgery.

KTHR achieved 85.6% of surgeries during the 2009-10 fiscal year, 186 less than the 100% target. The regional target was originally set at 1,170 however midway through the fiscal year the region added an additional day of cataract surgery which resulted in an increased target volume of 1,295 surgeries. Kelsey Trail currently has one resident general surgeon. The region was unable to meet the target primarily due to surgeon availability and insufficient anesthesiology resources that resulted in operating room closures over the summer. Several visiting specialists cancelled a number of surgical days and were unable to reschedule. The region does have available operating room time and is trying to recruit additional itinerant or visiting surgeons as well as additional anesthesiologists.



The percentage of Priority Level I, II, III and IV surgical cases completed within target time frames is indicative of the number of patients that have received their surgery within an appropriate time based on their condition and status. Target time frames by priority level have been developed by the Saskatchewan Surgical Care Network (SSCN) through the Patient Assessment Tool and urgency profiles. With the exception of Priority Level I, the region is meeting and exceeding all targeted time frames for surgery.

Current target time frames for surgical cases on wait lists state that no patient should wait over 12 months for surgery. The goal of the Ministry of Health is to increase the volume of medically necessary procedures where patients are waiting excessively long times for surgery, in addition to managing waitlists in a more efficient order. In KTHR, Priority Level I surgical wait times were not met due to a lack of anesthesiology resources, surgeon availability, patients refusing surgery dates or being unavailable for certain periods of time. The largest surgical waiting lists in KTHR are in ophthalmology, orthopedics, ENT and dental.

KTHR has submitted a proposal to the Ministry of Health to increase regional surgical capacity with additional itinerant surgery by Saskatoon and Prince Albert surgeons as well as local dental surgeons. A change to a more uniform method of scheduling surgery should increase OR time in both Melfort and Nipawin, allowing the region to increase orthopedic surgery.

Through funding support from the Ministry, the region has implemented one additional day per month of cataract surgery in Melfort Hospital and is now providing three days of cataract surgery per month. The increase in service has resulted in a decrease in the regional wait list by 14 clients per month or 168 clients annually. Once the region's wait list is addressed, cataract surgery in Melfort would be accessible to urban residents which may help address wait lists in urban centres. The additional day of service has had a positive impact on ophthalmology patients who no longer are required to travel to a tertiary centre to have their eyes measured for lenses prior to cataract surgery.

Pediatric dental surgery is currently offered in Nipawin regularly and is sporadically accessed by a dentist in Melfort. It is difficult to find dentists interested in doing dental surgery due to the number of clients who frequently do not show up for surgery. Dental OR time has been made available and increased where possible.

Key Action 1.2.1.3: *To develop and implement, by June 30, 2009, a Board approved plan for discontinuing the placement of patients in need of long-term care in an acute care bed for any duration of time.*

In September 2009, the RHA approved the region's plan to facilitate the discharge of long term care clients occupying acute care beds. All RHA's were directed to reduce the number of patients classified as awaiting long term care placement in an acute care bed by 65% as of March 31, 2010.

KTHR placed strong emphasis on discharge planning and timely assessments for patients awaiting long term care assessment and placement. The region's plan requires the active involvement of medical staff, Acute Care, Home Care and the regional Access Review Committee (ARC). Based on the provincial target, the regional target was 4.5 persons or less. KTHR narrowly missed achieving their target with 5 people awaiting long term care placement on March 31, 2010.

Key Action 2.1.2.1: *To achieve more effective and productive use of health system resources by: (a) building a culture that embraces learning and continuous improvement; (b) building the capacity for the system-wide adoption of a culture of "Lean", a patient-centred approach that focuses on creating more value for customers by eliminating activities that are considered waste; and (c) achieving, within three years and with the support of the Health Quality Council, the adoption and implementation of Releasing Time to Care (RTC) in every ward in every regional and tertiary hospital.*

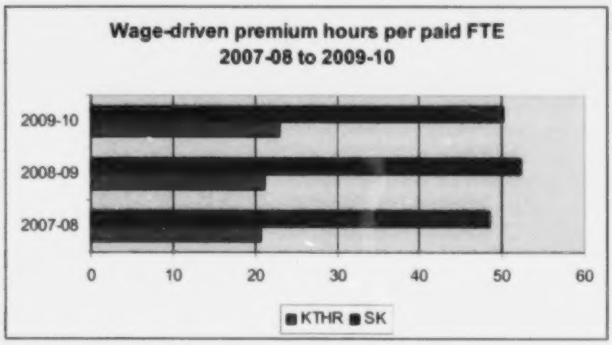
Early in the 2009-10 fiscal year, the provincial Ministry of Health provided one-time funding to all Saskatchewan health regions to pursue the implementation of Lean at the regional level. KTHR received funding in the amount of $299,963 to support the roll-out of this initiative. To date, the region has used funding to engage the services of Lean Advisors Inc., who are providing training and ongoing support for KTHR's Lean initiatives.

Using Lean methods, the region can identify processes that add value from the clients' perspective while also considering what adds time, cost and resources without adding value for clients. The goal of Lean practice is to do more with existing resources and to do it better, faster and at less cost. Kelsey Trail began its Lean journey through Executive training in October of 2009 during which time two value streams and value stream mapping teams were selected. Value stream mapping for the regional hiring process and Nipawin lab began in Nipawin November 24 –26 and concluded December 8-10, 2009. Kaizen (event) teams were selected and began work in January 2010 with improvement processes expected to take effect early in 2010-11. In correlation with the provincial surgical initiative, the region will begin work on the surgical value stream in April 2010.

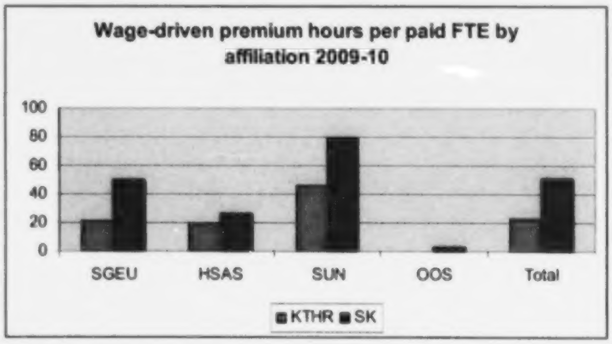
Releasing Time to Care: The Productive Ward™ is scheduled to be rolled out in the region in April 2010, beginning at Nipawin Hospital. KTHR will be part of provincial Training Cycle 2.

***Key Action 2.3.1.2:** To reduce absenteeism through improvements to workplace safety, and improvements in time management and staff scheduling processes.*

Work absence is the failure of employees to report for work when they are scheduled to work. Absenteeism is one of the five "Quality of Worklife Indicators" identified by Accreditation Canada. Statistics Canada Labour Force Survey indicates that those in health occupations are more likely than those in other sectors to miss work due to illness or disability.



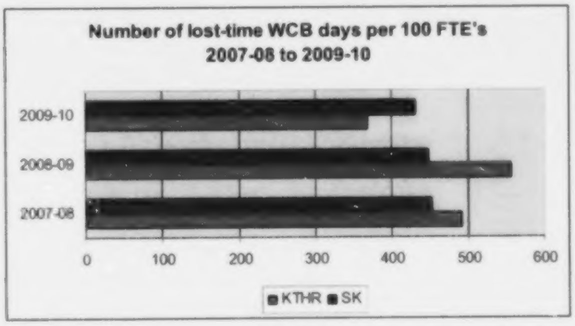
For the fourth consecutive year KTHR has reported the second lowest number of wage-driven premium hours (overtime and other premiums) per FTE by affiliation for the organization as a whole among all RHA's in the province. Overtime hours continue to be a concern for health regions. Historically, overtime hours have not been funded by the Ministry of Health therefore these funds come directly from the health region's operating budget. Overtime, like absenteeism and high levels of WCB claims, may be indicative of a wide range of workplace issues.



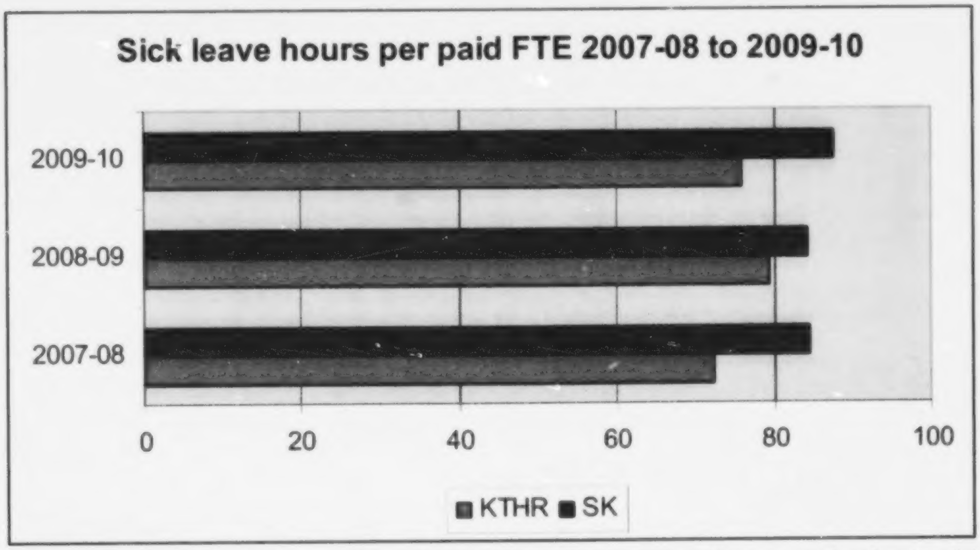
Kelsey Trail continues work to address issues like absenteeism and overtime and this is reflected in the regional rate of 22.98 wage-driven premium hours per paid full-time equivalent which is slightly higher than the previous rate of 21.09. The region did not meet the targeted five percent reduction in overtime hours as a result. Despite the increase, the regional rate continues to be more than twice as low as the provincial rate of 50.07.

All provider groups, with the exception of the Saskatchewan Union of Nurses (SUN), saw increases in wage-driven premium hours this fiscal year. The most significant increase was reported among Health Sciences Association of Saskatchewan (HSAS) members. The significant increase in HSAS overtime has been attributed to the increased demands on the Public Health workload resulting from the H1N1 pandemic influenza and mass immunization clinics.

The region recorded 6.22 lost-time WCB claims per 100 FTE's, a 56% increase over the 4.00 recorded the previous year. KTHR remains below the provincial rate of 6.32 but was unable to achieve the five percent targeted reduction.



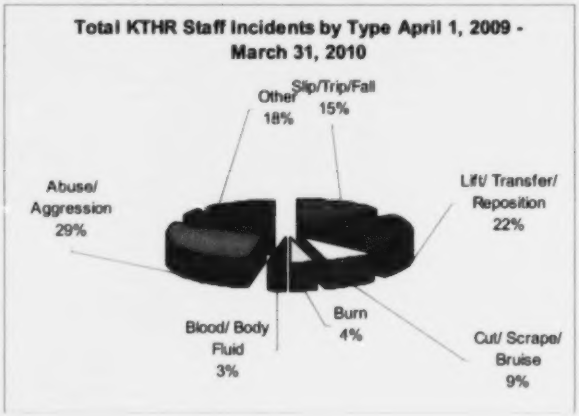
The number of lost-time WCB days per 100 FTE's significantly decreased from 555.81 in 2008-09 to 366.70 this year. This 34% reduction met and exceeded the targeted reduction of five percent. The region continues to remain below the provincial average of 429.37. A lost-time WCB day is defined as eight hours. The nature and severity of the injury contribute to lost-time WCB days.



KTHR was the only RHA to achieve the 5% five percent overall target reduction in sick leave hours. The organization reduced sick leave hours from 79.39 per FTE last year to 75.80 this year to meet the target and remain below the provincial average of 87.42. KTHR is placing significant emphasis on improving attendance in the workplace. Considerable effort has been made to assist managers in discussing concerns with absenteeism directly with staff. Through the identification of supportive options for attendance support, the region has produced positive results in attendance management.

During 2009-10, KTHR employees reported a total of 488 incidents. Of those, 74 resulted in lost time claims, an increase over the 54 recorded the previous year. The majority of incidents were related to abuse/aggression.

Fifty-five percent of staff incidents were reported by long term care nursing staff, reflecting the complexity associated with caring for long term care clients. It is important to note that not all incidents are reported, particularly near misses.


Total KTHR Staff Incidents by Type April 1, 2009 - March 31, 2010

***Key Action 2.3.1.3:** To improve staff engagement and inform the development of the RHA's retention strategies by undertaking, analyzing and acting on the results from regular and ongoing staff surveys, and by establishing Board approved targets for improvement in the areas of concern identified by staff; to work with the Ministry and the Saskatchewan Union of Nurses (SUN) to fill vacant SUN nursing positions and increase their total SUN FTEs; and to establish a joint SUN/Health Region Retention and Recruitment Committee to provide a formal process to involve nurse managers and front line staff to jointly solve, develop and agree on recruitment and retention initiatives to be delivered by the parties.*

During 16 employee focus groups held in October and November 2009, KTHR CEO Glen Kozak heard from 145 participants including 29 managers and 116 frontline staff representing most communities and departments in the health region. The goal of the focus groups was to provide input for board and executive to use in strategic planning and to respond to areas for improvement identified by Accreditation Canada. The focus groups ran approximately 1.5 to 2 hours in length and were very informal. An agenda with five questions was used as a guideline for conversation. All of the groups identified their appreciation for the opportunity to speak openly and honestly with the CEO.

The provincial government and the Saskatchewan Union of Nurses signed a partnership agreement in February of 2008. Though the partnership agreement, a targeted number of positions for Registered Nurses and Registered Psychiatric Nurses was established to address recruitment and retention issues in RHA's across the province.

The region was expected to achieve 75% of the SUN FTE (straight time) recruitment targets of 196.07 FTE by March 31, 2010. KTHR made significant progress, exceeding the target and achieving 187.97 FTEs (straight time) or 95.87%.

The SUN/KTHR Fund Partnership Retention & Recruitment Committee includes Julie Cleaveley, Jason Parkvold, Pam McKay, Debbie Atkings, Judy Blair, Barb Dobrinski, Linda Brothwell, Lorraine Tyckon, Doris Wilson, Gwen Curtis and Sean McElliggott.

***Key Action 2.3.1.6:** To work with stakeholders to strengthen recruitment and retention efforts to increase the number of doctors in Saskatchewan including the development of a physician recruitment strategy.*

In December, the Ministry announced the creation of a provincial agency focused on physician recruitment and retention. Board members were appointed in March 2010 and include Tisdale mayor Roland Zimmer, who is representing the Saskatchewan Urban Municipalities Association (SUMA). A marketing campaign aimed at retaining University of Saskatchewan medical graduates and recruiting expatriates was also launched.

KTHR undertook two unique projects aimed at recruiting Saskatchewan-trained medical students. In August 2009, the Physician Recruitment Coordinator hosted 45 first-year medical students from the University of Saskatchewan on a one-day "live, work and play" tour of the region. Students had the opportunity to tour one of the region's district hospitals and learn about the opportunities available to rural, family physicians from several representatives of the region's medical staff. They also enjoyed a number of the summer recreational pursuits the region has to offer. Several community representatives also took the opportunity to talk to the students about the area.

In March 2010, five Family Medicine Residents from the Prince Albert residency program enjoyed a Winter Wonderland Escape Tour in Kelsey Trail. The students spent the weekend in the region, meeting several physicians and touring two district hospitals. They also participated in many of the winter activities available in the northeast.

***Key Action 3.2.1.2:** To undertake and complete the Ministry approved capital improvement projects targeted to long-term care facilities and addictions facilities, and address priorities in capital maintenance identified in the VFA study and by RHA's.*

Funding support for the replacement of 13 long term care facilities in the province through the provincial *Ready for Growth* initiative was announced in February 2009. KTHR received approval for the replacement of long term care facilities in Kelvington (Kelvindell Lodge) and Tisdale (Sasko Park Lodge) and funding in the amount of $2 million for the planning and design phases of these projects.

KTHR working groups have reviewed and finalized functional plans for both facilities which have been forwarded to the project architect, P3 Architecture of Regina. The region has contracted the services of the construction management firm, Dominion Contracting. Geological and environmental studies have been completed. Functional plans, schematic drawings and the business case plan for staffing and budgeting for both projects are expected to be submitted for Ministry approval in May 2010.

To date, KTHR has spent $1.5 million of the $2.7 million in funding received to address infrastructure repairs, nurse call systems and safety upgrades throughout the region through the provincial *Ready for Growth* initiative. The nurse call systems and associated wiring upgrades to communication, paging and security systems are being completed at various locations throughout the region. Fire alarm system replacements are nearing completion and several other infrastructure repairs or upgrades have been completed or are in progress.

The region received $165,000 in Safety Lifting funding from the Ministry. The funding was intended for the purchase of the equipment necessary to implement the amendment to Section 470 of *The Occupational Health & Safety Act 1993,* which regulates lifting. The funding was used for the purchase of lifting and bariatric equipment.

Other Targets

The RHA approved several immunization rate targets for the community, long term care and health workforce in September 2009. The region established a target to meet or exceed the 2008-09 provincial averages for the percentage of two-year-old children with up-to-date immunizations. KTHR reached 72% in 2008-09, slightly lower than the provincial average of 80.8%. In 2009-10, the region achieved 75% for immunization against Diphtheria, Hemphilus Influenza Type B, Pertussis, Polio, Tetanus, Measles, Mumps, Rubella, Meningococcal, Pneumococal and Varicella vaccinations. Over the past six years, the immunization coverage rate for children 2 years of age has been between 69 and 79%.

The immunization target for Grade 6 students receiving Human Papilloma Virus (HPV) vaccine in 2008-09 was 61%, the same as the provincial average and below the provincial target of 80%. KTHR's 2009-10 HPV immunization rates will not be available until early 2011.

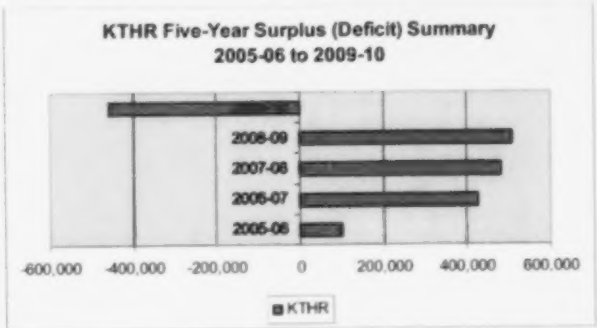
The target set for the percentage of long term care residents who receive the flu vaccine was set at 90% for 2009-10. In 2008-09, the regional rate was 79%. The rate achieved in the 2009-10 fiscal year will not be available until early 2011.

The region established a target rate of 65% for staff seasonal influenza immunization. The previous year, the rate was 59% among all employees. In 2009-10, just 23.8% of employees received the seasonal influenza immunization. The drastic decrease is attributed to the high number of staff receiving the pandemic influenza vaccine and the absence of circulating seasonal influenza virus during the 2009 – 2010 year.

A target of 100% was established for the H1N1 pandemic influenza immunization rate for KTHR staff this year. The region did not make the target, achieving a 76% immunization rate among staff with 1,239 immunizations. To date, 47% (19,035) of the KTHR population has been immunized with the pandemic H1N1 influenza vaccine.

Financial Summary

Kelsey Trail Health Region recorded a net operational deficit of $457,552 for the fiscal year ended March 31, 2010. The deficit represents less than one half of one percent of budgeted operating expenses for the fiscal year.



The budget deficit was the result of several factors. Medical & Surgical Supplies were over budget, primarily due to the costs associated with the increased incidence of influenza-like illness during the H1N1 pandemic influenza and increased ophthalmology services. The region was fortunate to vaccinate almost 50% percent of the population during the H1N1 mass immunization in the fall of 2009. There were expenses associated with increasing cataract surgery from two to three days per month however the additional service has been of benefit to the residents of the region.

Physician recruitment was also over budget in 2009-10 however, the region was able to report significant recruitment success. The environmental clean-up of an underground tank at the Red Deer Nursing Home also resulted in unexpected expenses associated with the removal of the tank as well as contracting services to complete the tank removal. Increases in Home Care volumes also impacted the bottom line.

The 2009-10 budget was based on budgeted revenues of $98,125,537, an increase of 3.41% over the previous year. Expenditures increased by 3.96% over the same period. The increase in expenses does not factor in salary and benefit increases that are expected to result from the successful negotiation of outstanding collective agreements.

The region's financial viability continues to take priority. Strategies have and continue to be developed to achieve a balanced budget in 2010-11 in an ongoing effort to achieve long term sustainability and fiscal efficiency.

The region was progressively working to move from an accumulated deficit to an accumulated surplus. The 2008-09 fiscal year marked the first time in five years the region achieved that goal, recording an accumulated surplus of $16,042. If the health region had been able to sustain a positive unrestricted fund balance (accumulated surplus), it would have provided the flexibility to shift funds from operating to capital, if necessary, and help relieve capital equipment funding pressures. KTHR will continue to work with the provincial Ministry of Health to realize efficiencies directed at balancing the budget while maintaining effective, quality services.

Regionally, services and processes continue to be reviewed in an effort to adopt best practice and achieve further efficiency. The regional employee position control process continues to be improved and refined. Further efficiencies are expected to be developed as the result of the recommendations associated with the Administrative Review portion of the Patient First Review. A provincial move toward the implementation of Lean methodology, Releasing Time to Care, and support of the HQC's Accelerating Excellence program through regional participation in Quality as a Business Strategy (QBS) is expected to increase efficiencies in the operation of the region while redirecting financial savings to benefit direct client care.

Future Outlook/Emerging Issues

In August 2009 the Central Sterilization Department (CSD) was consolidated from the three district hospitals to Melfort and Nipawin. Last year, CSD was consolidated from nine locations to the three district hospitals in order to ensure compliance with the regulations for equipment sterilization as determined by Canadian Standards Association Standards. The latest consolidation has resulted in an increase in the frequency of equipment sterilization, will ensure the region meets infection control standards, makes quality improvement monitoring more manageable and result in cost savings. Through the SUN Partnership Fund, KTHR successfully recruited a dedicated Operating Room Manager for the region which will support the consolidation of CSD. The region also recruited a dedicated Infection Control Nurse who will assist in filling some of the existing gaps KTHR has experienced with regard to surveillance and risk management of infections and will also support CSD. KTHR received almost $60,000 in funding to assist the region in compliance with meeting the Canadian Standards Association (CSA) and Accreditation Canada standards for infection control.

KTHR employees are doing their best in the provision of palliative care in all sectors but due to a lack of expertise in this area, client needs are not being met holistically. In 2008, just under one-third of designated clients were able to die at home, significantly less than the number of people who prefer to pass away at home, according to the Canadian Hospice Palliative Care Association (2006). It is believed that the suffering experienced by clients and their caregivers could be reduced by enhancing awareness of the existence of a KTHR palliative program, providing consultative service to frontline care providers, and increasing the knowledge, skill and ability of frontline care providers. Home Care is implementing policy regarding end of life services. Practices are being standardized and nurses are being placed on standby near end of life to provide client support. Palliative pain control has been identified as an issue for clients in the region. Education and adequate staffing levels contribute to the successful delivery of this service.

The Access Review Committee (ARC) continues to experience challenges with the process for long term care placement in the region. Through use of the MDS assessment tool for discharge planning, Home Care is doing all assessments for long term care. A new evaluation is going to be introduced which is considered more objective, reliable, valid and is used internationally. Scores are computer-generated and are not considered the sole deciding factor in determining long term care. Scores are indicative of high needs and will flag Home Care clients who have an increased risk for institutional care with the goal of preventing or delaying it. The new tool will increase the time available to the medical social worker/counselor for organizing/facilitating family conferences and assisting the client through various transition points.

The average length of stay in assisted living, based upon discharges since December 1, 2004, is 14 months. The average age of assisted living clients is 90 years. Regional statistics indicate four times as many assisted living clients score at high risk for institutionalization and are eligible for long term care than were considered at-risk three years ago. Without assisted living, these clients would be in hospital awaiting placement or already placed and other individuals would be in hospital awaiting placement. Additional assisted living resources will be required throughout the region in order to meet the provincial target to reduce the number of patients awaiting long term care placement in an acute care bed to less than two percent in 2010-11.

KTHR concluded participation in the Health Quality Council (HQC) Chronic Disease Management (CDM) Collaborative in March 2009. The region was involved in Wave 1 and 2 of the collaborative beginning in November 2005. According to HQC data, as the result of the collaborative nearly one in five people living with Diabetes are at target for key clinical measures such as optimal A1C level, blood pressure at or below target and optimal cholesterol control.

The Telehomecare pilot project launched in January 2010 will further support the ability of the region to monitor and support patient self-management among residents living with chronic conditions. The objective of the pilot project is to demonstrate and evaluate the effectiveness of the use of Telehomecare for up to 150 clients with diabetes and/or hypertension who are clients of the KTHR Home Care program and Chronic Disease Management program. The program is limited to 150 clients with a diagnosis of diabetes and/or hypertension. A partnership with the Ministry of Health, HealthLine and SaskTel, Telehomecare is a remote patient monitoring system that allows a client's condition to be monitored via computer. The pilot uses SaskTel's LifeStat™ Remote Monitoring and Health Management Service and Bluetooth wireless technology in conjunction with a regular home phone or cell.

As the rate of kidney disease and the number of clients with end-stage renal disease continues to increase in the province and the region, the services offered by the regional renal dialysis satellite unit at the Tisdale Hospital are invaluable. In September 2009, the Ministry of Health announced funding to support the expansion of the unit from four to six chairs. Annual operating funding of $175,000 and $75,000 in one-time renovation funding supported the addition of two chairs and the additional staff necessary to operate the program. The expansion increased the dialysis unit's daily treatments from eight to 12 and allowed eight additional clients to access the service locally. In total, the KTHR satellite dialysis unit can now accommodate 24 people. An additional $64,000 was raised for equipment costs through the generous donations of service clubs, organizations and individuals throughout the region. The official grand opening of the expanded dialysis unit took place in January 2010.

KTHR continues to support the self-management approach to chronic disease management through the Living Well with Chronic Conditions™ program. Funding from the Ministry of Health allowed the region to offer four sessions of the free program to a total of 24 residents in 2009-10. A lack of trained leaders and the circulation of the H1N1 pandemic influenza virus impacted programming. The region will offer leadership training opportunities in the spring or fall of 2010 and hopes to improve participation in the new fiscal year.

The increased technology and complexity of equipment have made it necessary to hire a full-time Biomedical Engineering Technologist to provide preventative maintenance and repair services for the region. These services were previously contracted out.

Incorporating Accreditation Canada standards and tools into KTHR programs and services supports and strengthens the quality improvement work being done as well as the safety of clients. The region continues to incorporate the Required Organizational Practices (ROP's), as outlined by Accreditation Canada, to enhance client safety and minimize risk, concentrating on several high priority areas. The region provided follow-up reports to Accreditation Canada in September 2009 and March 2010. In 2009, employees participated in the Worklife Pulse Survey, an Accreditation Canada tool to monitor worklife issues. During the fiscal year, four more ROP's were added: surgical checklist, workplace violence prevention, home safety risk, and venous thromboembolism (VTE) prophylaxis. The region continues to work on incorporating all ROP's in preparation for re-survey in April 2011.

The region hosted a one day FMEA (Failure Modes and Effects Analysis) workshop in October 2009. The workshop was designed to train regional teams in the process of FMEA to conduct a prospective analysis. The workshop involved 25 participants on four teams: Acute Care, Long Term Care, Home Care and Community Services. FMEA is used to develop steps to identify potential risk proactively as opposed to reactively. Failure modes are used to identify potential or actual errors in process that can impact clients. Effects Analysis refers to the study of the failures.

KTHR hosted the second annual Focus on Patient Safety Education day, telecast live via Telehealth in September 2009. During the event, participating staff and volunteers received information on emergency preparedness, the H1N1 pandemic influenza, medication safety and first quarter client incident reports.

Recruitment and retention of a permanent full-time radiologist has been a challenge as the result of a lack of modalities such as Radiology Information System-Picture Archiving Communication System (RIS-PACS) and CT scanner. The radiologist has also been required to travel between three district hospital communities which has presented recruitment challenges. The RIS-PACS, which will make diagnostic images available electronically, will allow them to be stored digitally rather than on film and will allow authorized users to access images from a central archive, is critical to the region's ability to recruit and retain a radiologist to a rural setting and maintaining this vital service for the residents of the region.

The region continues to work toward the implementation of the regional RIS-PACS. Two years ago, KTHR prepared the region for RIS-PACS through the implementation of Computed Radiography (CR) Units - digital image processors - in all six acute care sites. In a health region where transportation and distance are often limiting factors, the development of the regional RIS-PACS will improve turnaround times for reporting and improve service for clients. It will also be of significant benefit to the residents of the Athabasca Health Region (AHA), who will also be part of the KTHR system. KTHR currently supplies information management services to AHA. KTHR hopes to formally launch the regional system in 2010-11. In the future, the region's archives will securely interface with the provincial RIS-PACS systems to save time, reduce duplication and make the system more efficient. With regional RIS-PACS technology in place, KTHR will be well-positioned to integrate with the provincial RIS-PACS roll-out in three to five years.

The proposed KTHR diagnostic imaging strategic plan was submitted to the Ministry of Health for consideration in February 2010. The plan was developed in response to aging fluoroscopy equipment and a Diagnostic Imaging Network (DIN) recommendation to discontinue the replacement of fluoroscopy equipment in district hospitals. In an effort to maintain this diagnostic tool within the region, the Ministry agreed to consider a proposal that would locate fluoroscopy services at one site within KTHR. The ability to maintain fluoroscopy services in Melfort is one of the most significant factors in the retention of the surgeon, who performs a number of specialized procedures requiring fluoroscopy to over 600 clients. The region also utilizes fluoroscopy in the provision of some orthopedic procedures and ERCP (Endoscopic Retrograde Cholangiopancreatography Procedures) services. KTHR is currently the only rural health region in the province that provides ERCP to regional residents as well as the residents of other regions. ERCP is used primarily to diagnose and treat conditions of the bile ducts, including gallstones, inflammatory strictures (scars), leaks (from trauma and surgery), and cancer. The proposed diagnostic imaging strategic plan was also developed to support the potential future recruitment of a full-time radiologist for the region and in support of the regional plan for RIS-PACS. The plan was endorsed by the Regional Practitioner Advisory Committee. The RHA also submitted a request to the Ministry for a CT scanner.

Currently, contracted ultrasound services are provided in hospital at Nipawin but are off-site in Melfort. The region would like to explore options to have full ultrasound coverage reinstated in Melfort Hospital. KTHR would like to install full digital mammography for the region and partner with the Screening Program for Breast Cancer to operate a regional satellite breast cancer screening program.

KTHR maintains and operates labs in six acute sites and four health centres. Low volumes and aging equipment in some sites make it difficult to meet and maintain expected quality assurance programs. It is also becoming increasingly difficult to recruit lab staff to the region due to a provincial shortage of qualified lab technologists.

The Ministry of Health approved KTHR's energy and facility renewal project, a joint venture undertaken with SaskPower and Honeywell. Energy Performance Contracting (EPC) will allow KTHR to implement facility improvements on mechanical, electrical, and plumbing equipment and systems, reduce energy costs and improve the health, comfort and safety conditions in its facilities while contributing to the regions environmental objectives without requiring additional funding. Project costs total $4.78

million plus GST with annual guaranteed energy savings of $411,500. The project has an associated simple payback of 11.6 years. A number of requirements identified through the VFA report will also be addressed through the energy and facility renewal project. The project work, which included upgrading ventilation, heating and cooling systems, lighting, central monitoring and control automation, will involve 15 KTHR facilities. Renovations began in September 2009 and are expected to be complete within 12 to 18 months.

The KTHR Population Health Promotion (PHP) Leadership Team recognized individuals, groups and businesses throughout the region for their role in promoting and modeling Population Health through the presentation of Recognition Awards. The PHP Leadership Team awarded Population Health grants of $500 to 11 different community groups or agencies in the region. The funding will be used to provide opportunities for communities to sponsor events and activities that promote health.

An instructor driver training program for the EMS operations developed by KTHR is being offered to other RHAs to use with their services. In coordination with Regina EMS and the Saskatchewan Safety Council, KTHR offered the training program to other RHA's in June 2009 in Regina. The first two days of the program focus on the Canadian Safety Council's core fundamentals of Defensive Driving and Professional Driver Improvement. The third day was exclusive to EMS operations and included five hours of lecture and three hours on track. KTHR provided oversight in the instructor development and materials package to promote provincial consistency. The region developed the program after identifying there were no nationally recognized certificate programs specific to EMS vehicle driving. Five KTHR employees were sent to the Canadian Safety Council to become trained as Defensive Drivers and Professional Driver Improvement instructors. A third module for Ambulance Operations was subsequently developed by the region based on the fundamental principles within the core recognized programs. The module was initially piloted by three EMS services within KTHR in an attempt to fine tune the program. It has since been expanded to include other regional and non-regional services. At the completion of the eight hour training program, participants receive a certificate from the Canadian Council in Professional Driver Improvement for Ambulance Operations.

In June 2009 the RHA approved the continuation of travel immunization and vaccine sales immunization with centralization of the program to Tisdale. KTHR was providing travel health services, which are not considered a core public health service, in five locations and was the only RHA providing this service in five sites. Demand for travel health services increases annually, was taxing human resources and jeopardizing core public health programs due to staffing issues. In 2008-09, KTHR had the fourth highest number of travel clients among health regions. The service was being provided with no program extension, expansion, funding or added Public Health Nursing positions.

During 2009-10, the region reported 1,123 travel health clients and administered 1,338 doses of vaccine. The number of malaria vaccines delivered declined significantly over the previous year which is believed to be the result of prescriptions being filled by physicians or the choice of travel destinations. Public Health Nurses reported reduced workload stress as the result of the centralization of the program particularly due to the H1N1 influenza pandemic that took up a large part of their time in the fall of 2009. The majority of concerns about the program were related to clients who had to travel out of their community for travel health immunization. Based on program evaluation at the conclusion of the 2009-10 travel season, the centralization of the program has been deemed a success. The RHA approved the continuation of the travel health services from the current location in Tisdale with annual review.

In correlation with provincial legislation, KTRHA approved the regional Tobacco Policy in November 2009. A province-wide workplace smoking ban took place May 31, 2009 as the result of changes to *The Occupational Health & Safety Regulations, 1996*. The KTHR Cardiovascular Working Group developed draft policy and a Tobacco Policy working group was formed to develop procedures to facilitate policy implementation by providing health and support to staff and clients who wish to stop using tobacco products. Seventy-four smokers and 417 non-smokers responded to a regional staff survey which informed development of the policy to make all KTHR property tobacco-free. Funding will be available to staff for smoking cessation from April 1, 2010 to March 31, 2011. The region is also piloting smoking cessation among acute care patients, who will be offered nicotine replacement, in the Hudson Bay Health Care Centre between April 1, 2010 and June 30, 2010. The development of the procedures and protocols for the roll-out of a similar program among all acute and long term care facilities will be informed by the results of the pilot. KTHR will be tobacco-free effective April 1, 2011.

The entire KTHR community joined forces to facilitate the immunization of the region's population with the pandemic H1N1 influenza vaccine in the fall of 2009. The vaccine campaign began the last week in October. Approximately 137 people, including 16 Public Health Nurses, were trained to administer the pandemic H1N1 influenza vaccine. Thirty-seven H1N1 pandemic influenza Mass Immunization Clinics (MICs) were held throughout the region between November 4th and December 16th and 47% of the KTHR population (19,035 immunizations) was immunized.

The majority of MICs were staffed with Public Health Nurses providing immunization. H1N1 pandemic influenza vaccine was administered through sequencing of "priority groups" versus the population as a whole. A large number of KTHR non-nursing employees were called on to work at the MICs. The general public reported the MICs were well organized with limited waiting times. Public Health Inspectors and Materials Management ensured that all MIC's were well equipped with supplies. Pharmacy and Public Health ensured that vaccine was delivered to MIC sites as needed. The North East School Division and Horizon School Division worked with KTHR to coordinate the immunization of school-aged children. Public Health Nursing and the Employee Health Nurse were charged with the immunization of KTHR employees prior to the commencement of the H1N1 pandemic influenza campaign. The Ministry approved funding in the amount of $39,200 for the purchase of two LTV 1000 portable ventilators and accessories to assist the region in preparation to potentially handle more extensive and/or severe outbreaks of H1N1. Staff education and policy were developed as hospital ventilator services have never been available in KTHR previously. As the result of the pandemic, the region offered the seasonal influenza vaccination for those 65 and over, residents of long term care and health care workers only. The region also developed a 1-800 immunization information line that provided up-to-date information on immunization clinics in the region.

Thirty outbreaks were reported during the fiscal year. Twenty-four of the respiratory outbreaks reported were linked to the circulating H1N1 pandemic influenza vaccine, 21 of which occurred in schools. The number of outbreaks reported this year is three times higher than the previous year as a result of the circulating H1N1 pandemic influenza virus. In the previous year, there were six outbreaks caused by the Norovirus. This year, there were only two outbreaks associated with Norovirus.

The Porcupine Carragana Hospital ER was closed on ten different occasions during 2009-10 due to an inability to secure locum coverage.

The region introduced a new employee recognition event to the annual long service recognition awards this year. The KTHR Employee Excellence awards recognize the efforts made by employees to achieve the vision, mission and goals of the region. Any KTHR employee is eligible for individual, team (2-14 people) or unit (15+ people) nomination. Award categories included Health & Safety in the Workplace, Leadership, Performance Excellence, Quality, Teamwork, Patient/Client/Resident customer service. Nominations were received in four of the six categories this year. In total, twenty individuals and eight teams, for a total of 137 employees, were recognized with excellence awards. There were no nominees submitted in the categories for Health & Safety in the Workplace or Quality.

The KTHR Diabetes in Pregnancy Working Group put the region on the map as the 2009 recipients of the Canadian Diabetes Association (CDA) Diabetes Educator Section (DES) Practical Diabetes Resource Award for the development of the resource "Diabetes in Pregnancy". The Practical Diabetes Resource Award recognizes individuals who have developed a culturally sensitive educational tool for use in their practice.

In response to staff requests for better access to work information, the KTHR Information Technology department completed hardware upgrades that facilitated secure remote access to the KTHR Intranet from home. The development allows staff to access internal job postings, schedules, forms and other relevant work information from home or other remote locations.

Funding from the Ministry in the amount of $319,000 is supporting new alcohol and drug initiatives in the region. The funding supports a prevention coordinator as well as prevention materials and resources to provide education and community development services aimed at preventing and reducing substance abuse. Previously approved community supports such as the recreation program, the mental health and addiction services intake navigator and the home-based detoxification/withdrawal management program and secure youth detox outreach workers are also being supported through the funding.

Representatives of the KTHR MHAS team were invited to Ottawa for the roll-out of the best practices document for youth outreach and will participate with the Ministry of Health on the development of provincial strategies for youth.

A day program for clients with long-term mental illness has been developed for Tisdale. The program runs two days per week, providing social and recreational opportunities for clients who have a long-term mental illness and limited opportunity for socialization.

The Ministry provided $106,000 in funding to the region for children's mental health to support enhanced parent mentoring, staffing of a child and youth counselor, respite and outreach.

A BIKES program has been established in Tisdale. The program provides a recreational opportunity for children with a mental health diagnosis to participate in structured activity. The program promotes self respect, respect for others and teaches bike safety as the objective.

Recreation Therapy is providing summer programming for children and youth who are registered clients in MHAS. The program will be activity- based with social skills development as a component of the activities. The program will run in Tisdale and Melfort.

Representatives of the KTHR MHAS department are participating in the HQC Depression Collaborative. This collaborative defines practice guidelines for physicians and nurse practitioners that have patients with a diagnosis of depression. The practice guidelines describe the role of community programs including Mental Health services in the management of depression. The collaborative has been an excellent opportunity for a number of care team providers to meet and establish a rapport.

A Depression Working Group has been established in response to KTHR's participation in the HQC CDM Depression Collaborative. The local group will work to improve the care and experience of patients with depression and to support physicians, nurse practitioners and their support staff as they go through the HQC Collaborative process. The working group is developing a Mental Health client information package. They will expand in the future to include ongoing public education sessions on Depression and Treatment/ Support Groups. The working group has discovered that there is gap in communication between Mental Health professionals, Physicians & Nurse Practitioners. To address the gap, an education session is being developed on Adult Mental Health Services for depressed clients.

In KTHR, the participation rate for the Prevention Program for Cervical Cancer (PPCC) was 61.5%, slightly below the provincial rate of 63%. The PPCC is a screening program of the Saskatchewan Cancer Agency (SCA) dedicated to the prevention of cervical cancer. KTHR partners with the PPCC by supporting screening and diagnostic testing and forwarding test results into the PPCC database for the purpose of care coordination. All Saskatchewan women between the ages of 18 and 69 are automatically enrolled in the PPCC. Women in this program are provided with education about cervical cancer and the importance of regular Pap testing. They also receive regular invitation and reminder letters, and information about the results of their Pap tests. The PPCC also communicates with physicians and nurse practitioners to ensure appropriate follow-up of abnormal and unsatisfactory Pap test results. The Saskatchewan Cancer Agency is committed to its screening programs and increasing participation throughout the province. KTHR continues to work with the Saskatchewan Cancer Agency in support of quality and patient-centered care.

In response to the region's high infant mortality rate and in an effort to ensure the provision of consistent service to postpartum clients across the region, the Public Health perinatal program is being reviewed and rewritten. Gaps in service delivery have been identified in the perinatal program. A working group with representation from both Public Health and Acute Care is reviewing the program. The working group believes the creation of an early discharge postnatal visiting program would facilitate improvements to the perinatal program however additional staffing resources would be required. The establishment of the self-sustaining travel health clinic and centralization of the communicable disease program have supported an improved perinatal program by helping Public Health Nurses manage workload and place greater emphasis on perinatal clients. The new perinatal program will redefine the services KTHR can provide to clients in an effort to improve the health of the region's youngest and most vulnerable clients.

Support Services staff participated in an education and information workshop in May 2009. The workshop allowed support staff to network and also provided education and information to a large cross-section of staff on a broad range of topics, including Information Technology and use of the intranet/internet, OH&S and SGI recommendations and how they affect staff, and policy education. The event was well received by those in attendance.

KTHR received one-time funding in the amount of $256,500 to use toward the purchase of EMS radio equipment to replace the FleetNet system currently being used by EMS personnel. Operation of the FleetNet mobility network will be suspended in December 2010 and replaced by the new Provincial Public Safety Telecommunications Network (PPSTN), a new network that will provide public safety radio communications to virtually the entire province. The FleetNet replacement and migration project began in 2002 and is expected to be completed by December 2010. KTHR is among nearly 5,000 public safety radio users that will be migrating from the SaskTel FleetNet system to the new PPSTN.

The KTHR Lifestyle Balance Program and KTHR Respiratory Health initiatives were both accepted for oral presentations at the 2009 Chronic Disease Prevention & Management (CDPM) Provincial Conference in Saskatoon in June. The KTHR Diabetes Heart Health Centre (DHHC) health poster presentation was also accepted.

The Government of Canada, through the Aboriginal Health Transition Fund, and the Ministry of Health invested a total of $212,800 in KTHR to better serve the needs of the residents of Cumberland House. The AHTF is a five year initiative (2004-2010) seeking to improve the integration of Federal, Provincial and Territorial funded health systems, adapt existing health programs and services to better serve the needs of Aboriginal peoples, improve access to health service, and increase the participation of Aboriginal people in the design, delivery and evaluation of health programs and services. Through funding provided through the AHTF, KTHR funded a Community Health Developer position for the *Cumberland House Healthy Community,* a two year initiative focused on increasing mental health services in the community, improving addiction services through a focus on decreased family violence and enhanced community information, and education on population health. The community has focused on improved recreation and, with the support of the Community Developer, has provided a number of programming opportunities. These have included: a Wellness Day, National Drug Awareness Week activities, a Sobriety Walk, Family Night, a Community Dry Dance, a Seniors' Collective Kitchen, the creation of the Charlebois School Kidz Club, Youth Nights, Lifestyle Balance Workshops, a "Keeping Your Kidneys Health" workshop, grocery tours, kids crafts, a walking program, a seniors' nutrition bingo, suicide prevention presentations, population health presentations, a "Confused About Fats" presentation, a "Learn About Healthy Snacks & Health Cooking" presentation; classroom presentations on the 40 Developmental Assets, ladies night, a baseball fun party, a walking program and a weight loss challenge.

The Chronic Obstructive Pulmonary Disease (COPD) Working Group piloted the COPD Toolkit, launched by the Saskatchewan Lung Association, in October 2009. The regional Pulmonary Rehabilitation program expanded to include Nipawin, Porcupine Plain, and Melfort. Telehealth was used to deliver the 12 different educational components of the sessions to the three different sites. The exercise component is taught and supervised by members of the Primary Health Care Provider Team and/or Therapy staff members. The region plans to expand the program to more than three sites in the future and hopes to offer it twice annually in communities in KTHR. Saskatchewan data shows a pulmonary rehabilitation program can decrease readmissions of COPD patients to acute care by over 20%.

Regional Primary Health Care teams, along with the Exercise Therapist, have partnered with local communities to offer free, low risk walking and exercise programs in Melfort, Nipawin and Tisdale. Residents have the opportunity to participate in weekly walking programs at the Northern Lights Palace in Melfort, the Evergreen Centre in Nipawin and the Tisdale RECplex. The program, which runs from September to March, involves both cardiovascular walking and resistance training using weights and dynabands. Participants also learned how to exercise effectively and safely for improved health, lowering their blood pressure, improving cholesterol and controlling blood sugars to help achieve a healthy weight. Attendance at all three programs was very good. All participants are encouraged to exercise outdoors from April through August.

The regional Therapy department has partnered with the regional Diabetic and Heart Health Teams to offer group exercise programs to those considered medium to high risk. The results have included decreased weight, blood pressure and blood sugar levels and prevention of secondary health issues. The Exercise Therapists in the region provide supervision and direction of exercise to those clients that are at risk as a result of a chronic condition.

A Primary Health Care Patient Experience Survey is being conducted in KTHR as part of a provincial initiative. KTHR will receive the regional and provincial information. The collection period for surveys is 90 days and began on March 1, 2010. The survey concludes May 31, 2010 with a goal to have 200 surveys completed for each team.

Demand work in the Public Health Inspection program has been significantly increasing, including plumbing, sewage, housing and complaint inspections. Demand work is conducted on top of a large mandated facility inspection program including restaurants, swimming pools, slaughter houses and licensed accommodation facilities. The increase in demand work is a trend that seems to be related to the strong economic boom that occurred in Saskatchewan in 2008 and 2009. With the boom came more people, more business, more construction and more workload for inspectors. This trend is likely to continue into the coming years. Program planning revolves around the mandated inspections to ensure public facilities are licensed and operating in an acceptable manner. Although it appears H1N1 has been minimized, the Public Health Inspection program must remain flexible to deal with similar threats in the near future

The Continuing Professional Competencies Program is a new requirement for Public Health Inspectors as of January 1, 2010. The program provides a framework to support PHI's in remaining competent and ethical in the profession. Although this requirement will not significantly affect the program, future planning may include attendance at training sessions, Telehealth sessions, etc.

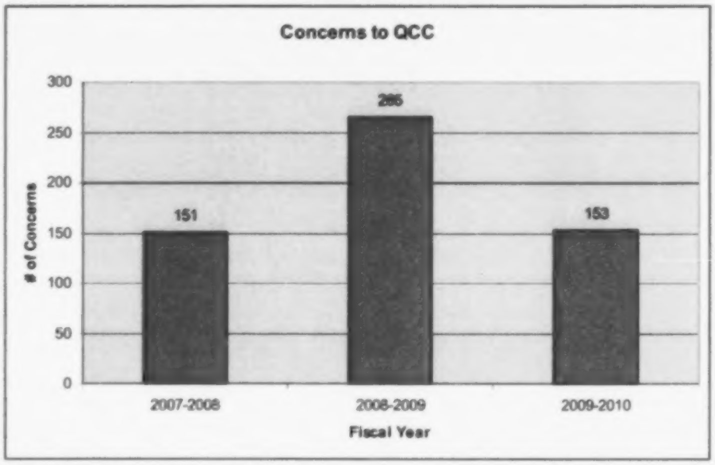
From 2005 to 2008, North East Understanding the Early Years (UEY) conducted a research and community development project which was funded by the Government of Canada. KTHR was the accountable partner. The project involved families and children residing within the North East School Division boundaries, Kinistin Saulteaux Nation, Red Earth First Nation and Shoal Lake Cree Nation. Information about the development of kindergarten children was gathered through a teacher survey. Data was also collected through parent interviews and direct assessments of children's skills. The information painted a picture of what children in the northeast are like as a reflection of their experiences before they entered kindergarten. The UEY project also examined what communities are already doing to help support families and their children aged zero to five years. The research findings were shared in an effort to inspire community action.

Since funding for the project concluded, communities continue to support and develop a number of positive strategies with a vision that all children enjoy a good start in life. Nipawin has established an Early Childhood Network to build awareness, strengthen partnerships and develop local strategies to enhance early development. The "Books for Babies" project has been strengthened and new child care spaces have been developed.

Since 2006, 103 new licensed child care spaces have opened throughout the northeast region and another 78 in development are scheduled to open in 2010.

Children in the region were found to be lagging behind in language development and communications skills and, as a result, the partners in the 0 – 3 Years Early Childhood Task Force have focused attention on enhancing language development. KTHR has increased Speech and Language services and has facilitated Teacher Talk workshop sessions with early childhood educators. A provincial recommendation has resulted in Public Health Nurses conducting more in-depth language screening at the 18 month child health clinics to facilitate earlier intervention, if necessary. KTHR Acute Care nurses have focused attention on administering the In-Hospital Birth Questionnaire. This data will be used to inform regional and provincial strategies in hopes of achieving a seamless system of supports for children ages zero to six, and their families, to optimize child development.

The number of client concerns reported to the Quality of Care Coordinator during 2009-10 declined in comparison to the previous year. The decrease is partially attributed to a change in concern reporting that took effect in August 2009. After a review of the information entered into the Client Concern Handling Database it was determined that only data from clients directly contacting the QCC will be entered. Any concerns that were handled at the source were not included as of the third quarter of 2009-2010. Care delivery and access to service were the most frequently reported concerns. Non-jurisdictional, community health and supportive care were the departments with the highest number of concern reports.



KTHR received funding approval from the Ministry of Health to support the framework and action plan for Autism Spectrum disorder services in Saskatchewan. The region received funding in the amount of $164,000 to support 1 FTE Autism Spectrum Disorder consultant, 1 FTE Autism Spectrum Disorder support worker; and summer programming and respite services.

KTHR received $181,720 in funding for four projects through the provincial Health Workforce Employee Retention program. The funding supports the Crucial Conversations™ program, effective conversational communications training for management and front-line staff; professional development opportunities for KTHR pharmacists; professional development opportunities for KTHR therapy staff; and train-the-trainer kindness workshops for staff. The portion of the funding that was originally targeted for the kindness workshops has been utilized to develop the regional customer service expectation program. The regional program, which was developed by Olivia McIvor of The Izzo Group, integrates components of the kindness workshops which were also developed by McIvor.

Payee Disclosure List

Public reporting and tabling of the annual payee list holds the Regional Health Authority accountable for the public funds received. The payee disclosure list is provided to the public as a requirement of all Regional Health Authorities, and as part of the region's commitment to transparency and accountability.

Dollar amounts to individuals may include overtime payments; weekend, evening or other shift premiums; other premiums; and reimbursements for out-of-pocket expenses such as meals or travel.

According to *The Local Authority Freedom of Information and Protection of Privacy Act*, employee salaries are not considered personal information and are not exempt from public disclosure. The Kelsey Trail Regional Health Authority Payee Disclosure List for the fiscal year ended March 31, 2010 is also posted to the Saskatchewan Health website at www.health.gov.sk.ca/kelsey-trail-health-region.

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2010

As part of government's commitment to accountability and transparency, the Department of Health and Regional Health Authorities disclose payments of $50,000 or greater made to individuals, affiliates and other organizations during the fiscal year. These payments include salaries, contracts, transfers, supply and service purchases and other expenditures.

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more

Aasen, Tammy	$73,351.30
Abbott, Lynda	$50,321.14
Abbs, Cathy	$58,613.29
Abbs, Corinne	$53,524.55
Adames, Oralee	$57,228.43
Adderley, Lyle	$50,271.01
Anderson, Barbara	$82,257.89
Anderson, Christie	$66,696.23
Anderson, Penny	$107,975.55
Andrus, Angela	$64,180.60
Arndt, Kendell	$99,637.18
Arneson, Anna	$79,889.67
Assie, Ramona	$104,179.96
Astrope, Trudy	$71,679.88
Atkings, Deborah	$70,594.53
Bagnall, Charlott	$94,495.61
Bair, Wendy	$84,056.07
Ballendine, Laurie	$55,741.62
Baranieski, Cay	$92,405.40
Barlow, Linda	$107,309.92
Barrie, Amber	$74,636.55
Batucan, Joanner	$72,645.20
Beaulieu, Sharon	$67,003.79
Becker, Kaye	$66,792.06
Bedard, Gerald	$55,805.73
Bedard, Tracy	$80,660.24
Bennett Holmes, Sandra	$50,035.21
Benson, Terry	$86,800.92
Bergren, Dorothy	$93,875.51
Bertrand, Marilyn	$51,076.75
Bischoff, Carrie	$93,886.33
Bitzer, Denise	$63,922.35
Black, Joan	$83,758.84
Blair, Judy	$107,309.91
Bohaychuk, Vickie	$54,244.08
Bone, Eileen	$73,226.34
Bonsan, Roxane	$70,883.27
Boughen, Janice	$70,470.11
Bouvier, Gisele	$59,131.47
Boxall, Lia	$124,654.08
Braaten, Lynda	$53,983.98
Bradley, Margaret	$64,388.50
Bradshaw, Katherine	$88,758.25
Brakstad, Terry	$58,689.47
Brann, Amy	$71,812.05
Brockman, Judy	$135,125.78
Brothwell, Linda	$99,581.82
Brown, Diane	$67,070.07
Brown, Jessie	$55,344.11
Bulmer, Louise	$82,518.48
Burghardt, Shelley	$52,269.39
Burt, Mary	$77,263.40
Cal, Shelly	$147,326.41
Cal, Tara	$92,380.28
Campbell, Vivian	$93,884.15
Carlson, Sandra	$54,470.90
Carswell, Kathryn	$76,522.63
Casavant, Janice	$64,094.07
Chabot, Catherine	$77,735.04
Chaboyer, Sheila	$59,354.25
Chapman, Jeannine	$84,343.13
Cheshuk, Marianne	$59,103.22
Christianson, Leslie	$64,655.24
Clark, Rhonda	$59,106.87

Clarke, Janice	$85,904.59
Clarke, Leeann	$74,515.78
Cleaveley, Julie	$139,984.82
Cleaveley, Maria	$78,571.06
Cole, Betty	$93,020.35
Connor, Anne	$52,025.00
Crickett, Donna	$86,013.31
Crittenden, Trenna	$51,292.02
Cross, Danielle	$76,812.36
Currie, Debra	$51,954.88
Dagg, Arlene	$52,322.32
Dahl, Sherry	$77,138.07
Daisley, Rosalie	$54,498.79
Dalziel, Joan	$90,982.08
Daoust, Roxane	$52,359.02
Davio, Emily	$163,226.19
Davis, Andrea	$69,838.76
Day, Karen	$79,079.52
Dean, Melody	$66,699.94
Deighton, Gail	$64,636.00
Delwisch, Sandra	$54,359.52
Demarsh, Terry	$67,758.27
Dierker, Christine	$83,917.24
Diller, Ronald	$89,317.63
Dmyterko, Stacey	$53,965.28
Dobrinski, Barb	$93,506.44
Dobson, Tina	$55,249.76
Donald, Ronda	$93,274.56
Doucette, Natalie	$100,601.01
Douslin, Sharon	$56,918.54
Drake, Chantelle	$56,783.01
Draude, Pattie	$62,676.24
Dyck, Christine	$67,003.79
Edstrom, Darlene	$72,980.55
Enge, Terry	$50,923.65
Ens, Evan	$74,515.79
Ernst, Raeann	$68,134.95
Espenant, Rodney	$64,837.44
Ewen, Linda	$53,123.74
Ewen, Sandy	$57,135.25
Fagnou, BettyLou	$80,698.91
Farber, Tracy	$75,722.33
Fawcett, Jeffrey	$70,803.54
Fellman, Leanne	$87,811.32
Ferguson, Heather	$92,214.69
Fidyk, Melanie	$98,061.84
Firman Depeel, Christine	$101,869.69
Folden, Deanna	$89,823.11
Foster, MaryAnne	$70,077.71
Franke, Vera	$69,946.41
Friesen, Dwayne	$78,384.30
Friesen, Lori	$64,824.80
Frisky, Sharon	$95,364.37
Gallays, Paulette	$87,707.42
Galucan, Carolyn	$82,341.06
Ganton, Sonia	$54,164.44
Garchinski, Kimberley	$52,286.03
Geck, Denise	$70,273.92
Genik, Heather	$86,851.33
Gill, Paulette	$75,591.50
Glaves, Connie	$119,823.73
Glister, Sherrie	$59,490.52
Gooliaff, Dolores	$68,982.91
Gordon, Ardis	$51,692.36
Gray, Shawna	$70,130.39
Grona, Daniel	$93,936.47
Gustafson, Lois	$61,864.18
Hage, Barbara	$71,787.87
Hagen, Maureen	$91,250.81
Halvorsen, Elaine	$91,950.27
Hampton, Bonnie	$98,047.63
Hancock, Jason	$60,920.21
Hanson, Bette	$52,901.91
Hanson, Candice	$91,746.92
Harley, Glenys	$53,664.51
Harper, James	$62,860.74
Harper, Rennie	$68,139.78
Hart, Sandra	$59,625.81
Haugo, Aline	$53,378.82
Hayduk, Michael	$76,021.69
Hayes, Wendy	$53,682.35
Hayward Hunkin, Mickie	$88,207.41
Hayworth, Beverly	$51,373.90
Head, Allison	$57,897.70
Hedin, Cody	$51,541.89
Hemingson, Linda	$94,583.47
Henderson, Elaine	$85,382.14
Hermus, Joan	$71,338.19
Heron, Maureen	$50,970.15
Hewitt, Anna Dawn	$84,784.53
Hiebert, Kari	$65,764.11
Hirsch, Jana	$79,298.19
Hobbins, Tim	$94,243.82
Hoffus, Diane	$58,312.28
Hoffus, Marianna	$85,031.44
Hope, Lavonne	$52,915.60
Howse, Wendy	$55,482.55
Hrychuk, Michelle	$61,081.88
Hudak, Darlene	$52,805.04
Hughes, Tracy	$69,394.19

Hunt, Shirley	$67,003.79
Hunt, Stacey	$79,775.91
Irving, Anne-Marie	$83,457.53
Ives, Brenda	$71,288.64
Jamieson, Joan	$67,003.79
Janzen, Crystal	$60,095.08
Jeffrey, Audrey	$57,662.56
Johnson, Bonnie	$57,407.66
Jones, Judy	$65,334.00
Kehrig, Beverly	$50,757.33
Kendall, Barbara	$76,109.34
Kendel, Nicole	$72,589.44
Khan, Mohammad	$186,928.21
Kiefer, Marilyn	$94,012.41
Kimball, Valerie	$100,764.29
Kirkland, Sherrie	$69,704.91
Kisilowski, Laurie	$53,071.56
Kiteley, Wanda	$66,757.62
Klassen, Linda	$73,562.05
Kleiboer, Sharon	$54,238.68
Kovach, Tammy	$88,752.61
Kowal, Louise	$105,628.22
Kozak, Glen	$171,751.05
Kraft, Kyla	$89,397.26
Kuhberg, Sylvia	$50,127.36
Kuny, Debra	$60,923.38
Kwasney, Laurie	$102,349.92
Lalonde, Deborah	$69,974.83
Lalonde, Florence	$75,577.57
Lamont, Audrey	$55,107.59
Larson, Janelle	$56,673.72
Le Bras, Doreen	$65,593.15
Lechler, Pamela	$54,356.13
Lee, Roxanne	$83,434.23
Leek, Brenda	$53,349.58
Leepart, Beverly	$53,467.75
Lehne, Cheryl	$64,392.14
Lesyshen, Cathy	$54,166.86
Lindal, Karen	$78,135.62
Lindsay, Lynda	$63,212.38
Lindsay, Maureen	$56,205.91
Little, David	$70,264.23
Litzenberger, Joan	$83,104.75
Logan, Kim	$94,467.55
Love, Nicolette	$79,916.67
Lueken, Linda	$77,303.53
Lungull, Ervin	$63,433.81
Lutz, Adella	$53,317.49
Lyons, Barry	$99,655.07
Macdonald, Judy	$86,623.51
Mackie, Carmen	$80,981.07
Mahon, Sherry	$83,281.57
Major, Lisa	$111,421.40
Mamer, Francoise	$89,599.21
Martin, Kade	$64,535.40
Martin, Pauline	$86,541.67
Mason, Kathy	$55,430.06
Matiasz, Tammy	$64,248.43
McCleary, Angela	$54,091.54
McCorriston, Elizabeth	$58,226.72
McFarlane, Lana	$52,012.63
McKay, Pamela	$155,606.55
McRae, Sherrie	$77,526.60
McShannock, Nancy	$72,474.79
Meier, Bonnie	$84,370.29
Melrose, Beverly	$51,596.73
Menzies, Annette	$59,741.90
Merriman, Shane	$149,378.72
Messner, Janice	$93,220.11
Meszaros, Anita	$62,173.92
Mevel Degerness, Nadine	$91,837.63
Meyer, Kathleen	$71,331.86
Meyers, Stacey	$74,330.52
Miller, Allison	$53,469.63
Miller, Heather	$86,234.56
Miller, Margaret	$89,293.88
Misskey, Lisa	$73,841.35
Mitchell, Trent	$86,234.62
Molnar, Pamela	$75,901.68
Moore, Nicolette	$63,011.14
Morrow, Irene	$60,844.22
Moulton, Tanya	$61,512.39
Naber, Colleen	$89,118.24
Nagel, Nicole	$62,072.20
Nagy, Stacey	$52,322.82
Neigel, Cindy	$76,259.76
Neigel, Sarah	$50,772.81
Neiszner, Tanya	$82,012.42
Nelson, Michele	$52,676.51
Neumann, Velma	$78,413.23
Nicholls, Joanne	$53,540.87
Nogier, Wayne	$95,506.15
Nontell, Joann	$64,710.15
Nontell, Margaret	$56,318.46
Nyirenda, Julien	$92,211.37
Oftebro, Marilyn	$73,325.72
Olfert, Kristin	$51,341.66
Ollinger, Monique	$67,327.57
Olson, Michelle	$86,015.48
Olson, Patricia	$100,576.48

Palaniuk, Carla	$78,594.25
Parlee, Tammy	$72,323.75
Patenaude, Elaine	$53,452.43
Patenaude, Judy	$53,604.17
Patterson, Dale	$50,579.61
Paulson, Kristina	$57,180.13
Pederson, Patricia	$110,758.70
Perrault, Linda	$85,997.11
Peters, Richard	$92,472.32
Peters, Sharon	$87,485.17
Peterson, Linda	$74,617.37
Peterson, Sheryn	$63,304.56
Philipation, Ryan	$82,844.34
Phillips, Lisa	$80,614.70
Pieterse, Sandra	$102,782.89
Pohl, Christine	$95,364.38
Pohl, Curtis	$67,694.99
Pollreis, Bonnie	$51,161.26
Pratt, Laureen	$52,794.71
Pulkinen, Marjorie	$93,202.88
Rask, Terri Lyn	$70,117.02
Ratcliffe, Peggy	$56,151.28
Reid, Barbara	$62,737.81
Riemer, Christina	$82,432.99
Roberts, Elizabeth	$66,747.07
Robertson, Rita	$66,651.25
Robin, Rosanne	$93,735.98
Rogers, Candace	$65,045.10
Romanow, Jodi	$53,635.40
Rosencrans, Randi	$76,224.92
Rudachyk, Betty	$64,257.77
Rudychuk, Margaret	$96,152.62
Runn, Denise	$81,792.15
Runn, Diane	$89,863.94
Rutherford, Shelley	$92,962.77
Rybinski, Joe	$126,823.16
Ryhorchuk, Mabel	$57,417.49
Sales, Josie	$88,625.69
Saranchuk, Jocelyn	$86,178.59
Scarf, Jeannette	$88,815.57
Scheidl, Carol	$98,945.90
Scheidl, Leonard	$71,270.06
Schell, Wendy	$79,832.65
Schidlowsky, Patti	$74,203.62
Schilroth, Katherine	$51,648.30
Schmaltz, Carlene	$82,817.69
Schmitt, Joyce	$66,225.89
Schuler, Marijane	$70,289.96
Scott, Kaeli	$65,432.56
Scutchings, Jodie	$56,423.50
Seck, Emily	$66,797.38
Seiferling, Sheila	$92,481.71
Senecal, Jean	$67,870.73
Serhan, Deanna	$119,823.38
Serhan, Debbie	$53,791.94
Settee, Amy	$62,592.00
Shearer, Connie	$90,624.23
Simoneau, Renee	$86,234.58
Simpkins, Debby	$62,227.38
Skilliter, Dianne	$53,225.97
Slobodzian, Fred	$86,234.57
Smears, Wanda	$52,349.99
Smith, Diane	$81,568.53
Solsten, Shelly	$77,743.94
Soonias, Myrna	$54,068.30
South, Melissa	$56,355.20
Sprackman, Michelle	$75,967.42
Stadnek, Sonja	$82,474.89
Stensrud, Colleen	$85,103.92
Stevenson, Cheryl	$71,494.46
Stevenson, Kathleen	$84,517.50
Stewart, Geoff	$54,238.75
Street, Faye	$74,169.45
Streeton, Patricia	$87,806.90
Stroeder, Kyle	$60,179.55
Stuart, Nikki	$62,524.63
Styan, Cathy	$59,764.39
Sullivan, Norinne	$60,174.42
Sundelin, Jacquelin	$55,264.07
Sunderland, Earla	$95,364.38
Sunderland, Lavonne	$58,538.94
Tatarynovich, Mary	$68,383.89
Taylor, Etta	$51,568.57
Terry, Douglas	$93,953.33
Tosh, Lee	$63,151.19
Townsend, Lorna	$71,809.27
Trawin, Julie	$74,792.11
Turcotte, Heather	$58,787.29
Tyckon, Lorraine	$79,855.67
Tyckon, William	$75,641.52
Unger, Catherine	$89,426.63
Unruh, Debbie	$50,997.97
Unruh, Lindsay	$71,784.38
Van Herk-Auger, Rosemary	$92,136.46
Vancamp, Jackie	$94,821.42
Vandertweel, Barbara	$75,969.84
Van de Veen, Gloria	$64,212.19
Verklan, Louise	$91,029.35
Voisey Doucette, Delvena	$95,592.80
Wagner, Connie	$83,706.35

Walker, Cristen	$64,531.24
Wall, Christa	$53,144.48
Wallace, Barbara	$69,930.20
Walter, Darin	$96,285.25
Warner, Bessie	$95,364.37
Warriner, Valerie	$104,259.61
Wassill, Pamela	$55,913.38
Watson, Heather	$95,364.37
Watson, Jennifer	$74,694.71
Watt, Anita	$91,250.79
Weiman, Blair	$83,456.39
Weseen, Sandra	$99,277.17
Wesnoski, Barbara	$82,337.60
White, Dale	$77,015.21
Whitehead, Merna	$64,468.80
Wiebe, Helen	$81,353.71
Wilde, Brent	$115,916.81
Wilkie, Wendy	$84,129.18
Wilson, Cheri	$81,170.31
Wilson, Doris	$101,489.49
Woodward, Michael	$62,881.51
Worsley, Kathy	$76,599.81
Wozniak, Deborah	$69,472.87
Wytrykusz, Judy	$74,530.66
Yackel, Twila	$99,581.80
Yaholnitsky, Pearl	$94,714.73
Yeo, Charles	$75,577.97
Youzwa, Sandee	$66,422.04
Zens, Arlene	$95,364.37
Zip, Leanne	$51,935.46

Transfers

Listed, by program, are transfers to recipients who received $50,000 or more.

None

Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment.

ABBOTT LABORATORIES LTD	$55,856.07
ALCON CANADA INC	$160,786.32
ARCHERWILL LOCAL # 58	$134,924.99
ARJOHUNTLEIGH	$72,055.39
BALA, DR. MEDICAL PROF. CORP	$63,528.11
BECKMAN COULTER CANADA INC	$232,486.44
BIOMERIEUX CANADA INC.	$77,740.50
BUNZL DISTRIBUTION INC	$189,233.87
CANADA CUSTOMS & REV AGENCY	$60,110.60
CANADIAN METIS HERITAGE CORP	$115,000.00
CAN-MED HEALTHCARE	$136,338.61
CARROT RIVER MEDICAL CLINIC INC	$76,156.82
CDW CANADA INC	$279,168.48
CHEF REDI-MEATS	$55,981.80
CHERNESKY, PAT	$438,159.73
CITY OF MELFORT	$90,300.48
CLAY, JANE	$146,741.25
COUNTRYSIDE ROOFING	$62,595.00
COVIDIEN	$72,231.28
CPDN/RCDP	$264,916.06
CRESTLINE COACH LTD	$126,878.04
CROFT PLANNING & DESIGN	$142,023.71
DATAPORT COMPUTER CENTRE	$147,513.28
DIVERSE SYSTEMS INC	$759,121.58
DR. HERBERT MEDICAL PROF. CORP.	$144,065.50
ENVIROTEC SERVICES INC	$217,417.26
GE HEALTHCARE CANADA	$212,022.04
GREAT WEST LIFE	$494,891.47
GURGUL, DR. MARIUSZ	$139,200.00
HEALTH SCIENCE ASSOC OF SASK.	$61,341.19
HONEYWELL LIMITED (CALGARY)	$247,495.39
HOSPIRA HEALTHCARE CORP.	$216,387.05
HTUN, YE DR.	$263,744.45
JOHNSON DIVERSEY CANADA INC	$55,771.53
JOORAVAN, DR. S	$92,999.04
KELVINGTON AMBULANCE CARE LTD	$363,218.70

KRAMER RADIOLOGICAL SERVICES	$273,984.60
LEICA MICROSYSTEMS CANADA	$96,778.50
LONDON LIFE INSURANCE CO.	$119,551.00
MACQUARIE EQUIPMENT FINANCE LTD	$141,934.74
MAKIWANE, DR. UNATI	$50,456.24
MARAIS, DR. SAREL	$176,096.83
MCKESSON CANADA	$267,364.66
MCKESSON DISTRIBUTION PARTNERS	$85,866.07
MELFORT AMBULANCE	$409,613.67
MINISTRY OF GOVERNMENT SERVICES	$644,330.03
MOE, DR. J	$120,260.00
NIPAWIN FLIGHT CENTER	$82,362.00
NORTH EAST EMS	$837,367.42
NORTH EAST SCHOOL DIVISION	$50,360.77
NORTH SASK LAUNDRY	$946,949.93
NOVA BIOMEDICAL CANADA LTD.	$79,085.43
OLOKODANA, DR. F	$304,399.00
OLYMPUS CANADA INC	$107,071.44
ORTHO-CLINICAL DIAGNOSTICS	$423,793.12
OXOID INC.	$53,727.90
P3A	$213,191.64
PARKLAND AMBULANCE CARE LTD.	$112,783.28
PHILIPS MEDICAL SYSTEMS CANADA	$138,070.05
PINELAND CO-OP ASSOC LIMITED	$52,497.93
PRAIRIE MEATS	$61,662.56
PRAIRIE NORTH CO-OP	$54,240.76
PUBLIC EMPLOYEES SUPERANN. PLAN	$79,707.84
QUILL PLAINS AMBULANCE CARE	$56,247.93
RATTAN, DR. U.	$83,284.79
SASK ASSOC HEALTH ORGANIZATIONS	$3,425,312.08
SAPUTO FOODS LIMITED	$128,278.82
SASK POWER	$2,654,199.45
SASK REGISTERED NURSES ASSOC	$113,526.00
SASK WCB	$1,288,870.56
SASKATOON HEALTH REGION	$111,130.63
SASKWORKS VENTURE FUND INC.	$53,708.00
SCHAAN HEALTHCARE PRODUCTS	$1,360,453.82
SGEU	$975,101.97
SHAMROCK AMBULANCE CARE LTD	$198,997.06
SHEPP	$8,350,756.37
SIEMENS BUILDING TECHNOLOGIES	$253,959.90
SIEMENS HEALTHCARE DIAGNOSTICS	$184,031.94
SMITH, STARLET	$53,585.30
SOFTCHOICE CORPORATION	$78,712.87
SOURCE MEDICAL	$325,002.06
STEFFEN, DR. ROBERT	$100,392.30
STEVENS COMPANY LIMITED	$114,541.07
STOLL, MICHAEL DR.	$71,009.40
SASAKATCHEWAN UNION OF NURSES	$287,526.74
SUN LIFE FINANCIAL	$72,944.81
SUPREME BASICS (SASKATOON)	$297,554.83
SYSCO FOOD SERVICES OF REGINA	$1,166,285.06
THE INSURANCENTRE	$345,341.00
TISDALE AMBULANCE CARE LTD	$414,940.92
TOWN OF NIPAWIN	$52,994.77
TOWN OF TISDALE	$55,293.10
VAN HOUTTE COFFEE SERVICES INC	$67,261.03
VILLAGE OF CUMBERLAND HOUSE	$111,349.50
VITALAIRE	$83,034.58
WBM OFFICE SYSTEMS	$96,908.76
YOUNG, BRENDA	$64,024.12

Management Report

May 13, 2010

KELSEY TRAIL HEALTH REGION
REPORT OF MANAGEMENT

The accompanying financial statements are the responsibility of management and are approved by the Kelsey Trail Regional Health Authority. The financial statements have been prepared in accordance with Canadian Generally Accepted Accounting Principles and the Financial Reporting Guide issued by Saskatchewan Health, and of necessity include amounts based on estimates and judgments. The financial information presented in the annual report is consistent with the financial statements.

Management maintains appropriate systems of internal control, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and the financial records are relevant and reliable.

The Authority delegates the responsibility of reviewing the financial statements and overseeing Management's performance in financial reporting to the Finance/Audit Committee. The Finance/Audit Committee meets with the Authority, Management and the external auditors to discuss and review financial matters and recommends the financial statements to the Authority for approval. The Authority approves the annual report and, with the recommendation of the Finance/Audit Committee, approves the financial statements.

The appointed auditor conducts an independent audit of the financial statements and has full and open access to the Finance/Audit Committee. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.

Glen Kozak
Chief Executive Officer

Shane Merriman
Chief Financial Officer

2009-10 Financial Report

NeuPath Group, PC Inc.
Chartered Accountants

To the Board of Directors
Kelsey Trail Regional Health Authority

AUDITORS' REPORT

We have audited the Statement of Financial Position of the **Kelsey Trail Regional Health Authority as at March 31, 2010** and the Statements of Operations and Changes in Fund Balances and Cash Flows for the year then ended. These financial statements are the responsibility of the Health Authority's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We have conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Kelsey Trail Regional Health Authority as at March 31, 2010 and the results of its operations and the changes in its financial position for the year then ended in accordance with Canadian generally accepted accounting principles.

The comparative figures were audited by another accounting firm who issued their report without reservation on May 5, 2009.

NeuPath Group
Chartered Accountants

Nipawin, Saskatchewan
May 13, 2010

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
STATEMENT OF FINANCIAL POSITION
As at March 31, 2010

Statement 1

		Restricted Funds			
	Operating Fund	Capital Fund	Community Trust Fund	Total 2010	Total 2009
ASSETS					
Current assets					
Cash and short-term investments (Statement 3)	$ 13,015,850	$ 8,367,396	$ 3,215,117	$ 24,598,363	$ 33,170,263
Accounts receivable					
Ministry of Health - General Revenue Fund	-	151,184	-	151,184	151,184
Other	616,612	120,577	-	737,189	838,040
Inventory	595,092	-	-	595,092	493,594
Prepaid expenses	642,666	-	-	642,666	824,006
	14,870,220	8,639,157	3,215,117	26,724,494	35,477,087
Investments (Note 2, Schedule 2)	1,082,469	-	-	1,082,469	1,040,691
Other assets	28,307	-	-	28,307	34,129
Capital assets (Note 3)	-	44,313,807	-	44,313,807	42,423,467
Total Assets	$ 15,980,996	$ 52,952,964	$ 3,215,117	$ 72,149,077	$ 78,975,374
LIABILITIES & FUND BALANCES					
Current liabilities					
Accounts payable	$ 3,891,343	$ 225,737	$ -	$ 4,117,079	$ 2,494,526
Accrued salaries	4,539,927	-	-	4,539,927	510,289
Vacation payable	6,055,525	-	-	6,055,525	5,739,719
Long term debt - current (Note 5)	-	162,149		162,149	-
Mortgages payable – current (Note 5)	-	458,654	-	458,654	438,120
Deferred revenue (Note 6)	2,095,813	-	-	2,095,813	1,662,470
	16,582,608	846,540	-	17,429,147	10,845,124
Long term liabilities					
Long term debt (Note 5)	-	4,634,462	-	4,634,462	-
Mortgages payable (Note 5)	-	8,168,187	-	8,168,187	8,647,378
Total Liabilities	16,582,608	13,649,189	-	30,231,796	19,492,502
Fund Balances:					
Invested in capital assets	-	30,890,355	-	30,890,355	33,337,969
Externally restricted (Schedule 3)	-	6,480,650	3,215,117	9,695,767	24,216,212
Internally restricted (Schedule 4)	-	1,932,770	-	1,932,770	1,912,650
Unrestricted	(601,612)	-	-	(601,612)	16,041
Fund balances – (Statement 2)	(601,612)	39,303,775	3,215,117	41,917,281	59,482,872
Total Liabilities & Fund Balances	$ 15,980,996	$ 52,952,964	$ 3,215,117	$ 72,149,077	$ 78,975,374

Commitments (Note 4)
Asset Retirement Obligations (Note 4)
Long Term Debt (Note 5)
Pension Plan (Note 10)
Guarantee (Note 16)

Approved on behalf of the Board of Directors:

The accompanying notes and schedules are part of these financial statements.

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES
For the Year Ended March 31, 2010

Statement 2

	Operating Fund			Restricted			
	Budget 2010	2010	2009	Capital Fund 2010	Community Trust Fund 2010	Total 2010	Total 2009
REVENUES							
Ministry of Health - General	$ 87,238,659	$ 76,053,398	$ 83,721,623	$ 1,443,582	$ -	$ 1,443,582	$ 22,252,648
Other Provincial	503,272	987,750	578,162	341,963	-	341,963	351,375
Federal Government	30,970	24,071	33,236	-	-	-	-
Funding from other Provinces	-	-	-	-	-	-	-
Special Funded Programs	697,874	518,050	628,049	-	-	-	-
Patient Fees	7,878,510	8,254,021	7,879,109	-	-	-	-
Out of Province (Reciprocal)	517,862	612,143	557,981	-	-	-	-
Out of Country	32,036	35,404	31,803	-	-	-	-
Donations	30,000	38,168	22,510	235,225	254,208	489,433	409,007
Investment	150,000	132,246	298,432	142,778	44,227	187,005	188,367
Ancillary	649,144	630,276	659,084	-	-	-	-
Recoveries	282,590	293,785	283,428	-	-	-	-
Unrealized Gain - Financial Instruments	-	-	-	-	-	-	-
Other	114,600	172,685	193,111	-	-	-	-
Total Revenues	98,125,537	87,751,997	94,886,528	2,163,548	298,435	2,461,982	23,201,397
EXPENSES							
Province Wide Acute Care Services	825,665	956,312	768,434	-	-	-	-
Acute Care Services	32,845,210	34,538,411	31,492,677	1,725,771	39,711	1,765,483	1,766,867
Physician Compensation - Acute	1,565,009	1,907,352	1,161,649	-	-	-	-
Supportive Care Services	32,106,582	34,466,666	31,591,066	2,146,893	-	2,146,893	2,812,159
Home Based Service - Supportive Care	5,681,892	6,477,843	5,726,946	-	-	-	-
Population Health Services	4,193,095	4,592,760	3,768,819	6,751	-	6,751	18,986
Community Care Services	4,081,307	3,811,259	3,527,331	-	-	-	-
Home Based Services - Acute & Palliative	630,396	699,836	625,516	-	-	-	-
Primary Health Care Services	3,894,402	3,746,545	3,473,797	421,054	-	421,054	418,654
Emergency Response Services	2,991,838	3,059,106	3,129,846	47,865	-	47,865	52,017
Mental Health Services - Inpatient/Residential	-	-	-	-	-	-	-
Addictions Services - Residential	-	-	-	-	-	-	-
Physician Compensation - Community	3,130,894	2,904,672	3,274,711	-	-	-	-
Program Support Services	5,364,236	5,400,465	5,162,926	181,975	-	181,975	155,719
Special Funded Programs	802,830	648,322	674,945	-	-	-	-
Ancillary	-	-	-	-	-	-	-
Total Expenses (Schedule 1)	98,113,356	103,209,549	94,378,663	4,530,309	39,711	4,570,021	5,224,402
Excess (Deficiency) of revenues over expenses	$ 12,181	(15,457,552)	507,865	(2,366,762)	258,723	(2,108,038)	17,976,995
Fund balances, beginning of year		16,041	(377,821)	56,218,260	3,248,570	59,466,830	41,375,832
Interfund transfers (Note 13)		14,839,899	(114,003)	(14,547,723)	(292,176)	(14,839,899)	114,003
Fund balances, end of year		$ (601,612)	$ 16,041	$ 39,303,775	$ 3,215,117	$ 42,518,893	$ 59,466,830

The accompanying notes and schedules are part of these financial statements.

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
STATEMENT OF CASH FLOW
For the Year Ended March 31, 2010

Statement 3

	Operating Fund		Restricted Fund			
	2010	2009	Capital Fund	Community Trust Fund	Total 2010	Total 2009
Cash Provided by (used in):	**Operating Activities**		**Financing and Investing Activities**			
Excess (deficiency) of revenue over expenditure	$ (15,457,552)	$ 507,865	$ (2,366,762)	$ 258,723	$ (2,108,038)	$17,976,995
Net change in non-cash working capital (Note 7)	6,321,611	718,005	260,422	-	260,422	20,462
Amortization of capital assets	-	-	4,086,542	-	4,086,542	4,273,530
Investment income on long-term investments	-	-	-	-	-	-
(Gain)/loss on disposal of capital assets	-	-	-	-	-	740
	(9,135,941)	1,225,870	1,980,202	258,723	2,238,925	22,271,727
Purchase of capital assets						
Buildings/construction	-	-	(4,544,763)	-	(4,544,763)	(508,994)
Equipment	-	-	(1,432,119)	-	(1,432,119)	(2,166,908)
Proceeds on disposal of capital assets						
Buildings	-	-	-	-	-	-
Equipment	-	-	-	-	-	-
Sale (Purchase) of long-term investments	(35,956)	(45,166)	-	-	-	-
	(35,956)	(45,166)	(5,976,882)	-	(5,976,882)	(2,675,901)
Financing activities						
Long-term debt issued	-	-	4,861,669	-	4,861,669	-
Repayment of debt	-	-	(523,715)	-	(523,715)	(438,120)
	-	-	4,337,954	-	4,337,954	(438,120)
Net increase (decrease) in cash & short-term investments during the year	(9,171,897)	1,180,704	341,274	258,723	599,997	19,157,705
Cash & short-term investments, beginning of year	7,347,848	6,281,147	22,573,845	3,248,570	25,822,415	6,550,707
Interfund transfers (Note 13)	14,839,899	(114,003)	(14,547,723)	(292,176)	(14,839,899)	114,003
Cash & short-term investments, end of year (Schedule 2)	$ 13,015,850	$ 7,347,848	$ 8,367,396	$ 3,215,117	$ 11,582,513	$25,822,415
Amounts in cash balances						
Cash & short-term investments	$ 13,015,850	$ 7,347,848	$ 8,367,396	$ 3,215,117	$ 11,582,513	$25,822,415

The accompanying notes and schedules are part of these financial statements.

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2010

1. Legislative Authority

The Kelsey Trail Regional Health Authority (RHA) operates under *The Regional Health Services Act* (The Act) and is responsible for the planning, organization, delivery, and evaluation of health services it is to provide within the geographic area known as the Kelsey Trail Health Region, under section 27 of The Act. The Kelsey Trail RHA is a non-profit organization and is not subject to income and property taxes from federal, provincial, and municipal levels of government. The RHA is a registered charity under the *Income Tax Act* of Canada.

2. Significant Accounting Policies

These financial statements are prepared in accordance with Canadian Generally Accepted Accounting Principles and include the following significant accounting policies.

a) Health Care Organizations

i) The RHA has agreements with and grants funding to the following prescribed HCOs and third parties to provide health services:

Nipawin Oasis Community Centre Co-operative Ltd.
Kelvington Ambulance Care Ltd.
Tisdale Ambulance Care Ltd.
Shamrock Ambulance Care Ltd.
North East EMS
Melfort Ambulance Service
Quill Plains Ambulance Care Ltd.

Note 9 b) i) provides disclosure of payments to prescribed HCOs and third parties.

ii) Fund Raising Foundations

The Nipawin Region Health Foundation Inc. and the North Central Health Care Foundation Inc. are incorporated under *The Non-Profit Corporations Act* and are registered charities under *The Income Tax Act*.

Under the Foundations' Articles of Incorporation, all funds raised by the Foundations after payments of reasonable expenses must be paid to the RHA (or must be used to purchase and transfer assets to the RHA, for the purpose to provide health care services.)

These financial statements do not include the financial activities of the two Foundations. Alternatively, Note 9 b) ii) provides supplementary information on the Foundations.

b) Fund Accounting

The accounts of the RHA are maintained in accordance with the restricted fund method of accounting for revenues. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2010

2. Significant Accounting Policies – continued

i) Operating Fund

The operating fund reflects the primary operations of the RHA including revenues received or receivable for provision of health services from the Ministry of Health - General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries and ancillary revenue. Expenses are for the delivery of health services.

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the RHA in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues received or receivable from the Ministry of Health – General Revenue Fund provided for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

iii) Community Trust Fund

The community trust fund is a restricted fund that reflects community generated assets transferred to the RHA in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the RHA from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the RHA and the health corporations.

c) Revenue

Unrestricted contributions are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted contributions are recognized as revenue of the appropriate restricted fund in the year.

d) Capital assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Land improvements	1 - 20%
Buildings	2.5 - 10%
Equipment	3 – 33.33%

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined).

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2010

2. Significant Accounting Policies – continued

e) Asset Retirement Obligations

Asset Retirement Obligations are legal obligations associated with the retirement of tangible long-lived assets. Asset retirement obligations are recorded when they are incurred if a reasonable estimate of fair value can be determined. Accretion (interest) expense is the increase in the obligation due to the passage of time. The associated retirement costs are capitalized as part of the carrying amount of the asset and amortized over the asset's remaining useful life.

f) Inventory

Inventory consists of general stores, pharmacy, laboratory, linen and other. All inventories are valued at the lower of cost or net realizable value as determined on a weighted average cost basis.

g) Pension

Employees of the RHA participate in several multi-employer defined benefit pension plans or a defined contribution plan. The RHA follows defined contribution plan accounting for its participation in the plans. Accordingly, the RHA expenses all contributions it is required to make in the year.

h) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian Generally Accepted Accounting Principles. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in earnings in the period in which they become known.

i) Financial Instruments

The RHA has classified its financial instruments into one of the following categories: held-for-trading, loans and receivables, or other liabilities.

All financial instruments are measured at fair value upon initial recognition. The fair value of a financial instrument is the amount at which the financial instrument could be exchanged in an arm's-length transaction between knowledgeable and willing parties under no compulsion to act. Subsequent to initial recognition, held-for-trading instruments are recorded at fair value with changes in fair value recognized in income. Loans and receivables and other liabilities are subsequently recorded at amortized cost. The classifications of the RHA's significant financial instruments are as follows:

- Cash is classified as held-for-trading
- Accounts receivable are classified as loans and receivables
- Investments are classified as held-for-trading. Transaction costs related to held-for-trading financial assets are expensed as incurred.

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2010

2. Significant Accounting Policies – continued

- Short term bank indebtedness is classified as held-for-trading
- Accounts payable, accrued salaries and vacation payable are classified as other liabilities.
- Long-term debt is classified as other liabilities. The related debt premium or discount and issue costs are included in the carrying value of the long-term debt and are amortized into interest expense using the effective interest rate method.

As at March 31, 2010 (2009 – none), the RHA does not have any outstanding contracts or financial instruments with embedded derivatives.

The RHA is exposed to financial risks as a result of financial instruments. The primary risks the RHA may be exposed to are:

- Price risks which include: Currency risk – affected by changes in foreign exchange rates; Interest rate risk – affected by changes in market interest rates; and Market risk – affected by changes in market prices, whether those changes are caused by factors specific to the individual instrument of the issuer or factors affecting all instruments traded in the market.
- Credit risk is the risk that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur a financial loss.
- Liquidity risk is the risk that an entity will encounter difficulty in raising funds to meet commitments associated with financial instruments. This may result from an inability to sell a financial asset quickly at close to its fair value.
- Cash flow risk is the risk that future cash flows associated with a monetary financial instrument will fluctuate in amount.

The RHA has policies and procedures in place to mitigate these risks.

j) Replacement Reserves

The RHA is required to maintain certain replacement reserves as a condition of receiving subsidy assistance from Saskatchewan Housing Corporation. Schedule 4 shows the changes in these reserve balances during the year.

3. Capital Assets

	March 31 2010			March 31 2009
	Cost	**Accumulated Amortization**	**Net Book Value**	**Net Book Value**
Land	$ 639,590	$ -	$ 639,590	$ 639,590
Land Improvements	642,929	581,127	61,802	73,307
Buildings	89,461,700	57,342,930	32,118,770	34,771,378
Equipment	31,497,599	24,688,663	6,808,936	6,630,259
Construction in progress	4,684,709	-	4,684,709	308,933
	$ 126,926,526	$ 82,612,719	$ 44,313,807	$ 42,423,467

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2010

4. Commitments

a) Capital Assets Acquisitions

As at March 31, 2010, the Ministry of Health provided the RHA with funding in the amount of $2,000,000 to be used for planning to construct two long term care facilities. The RHA has incurred costs of $500,636 to March 31st, 2010 on these two projects.

b) Operating Leases

Minimum annual payments under operating leases on property and equipment over the next five years are as follows:

2011	$137,414
2012	$125,313
2013	$94,700
2014	$2,862
2015	$715

c) Asset Retirement Obligations

The RHA has no recorded liabilities for asset retirement obligations (2009 - $0).

d) Contracted Health Service Operators

The RHA continues to contract on an ongoing basis with private health service operators to provide health services in the RHA similar to those provided in the year ending March 31, 2010.

5. Long Term Debt

Title of Issue	Interest Rate	Annual Repayment Terms	Balance Outstanding 2010	2009
Hudson Bay Health Care Facility				
C.M.H.C., due December 1, 2016	5.38%	$10,351 Principal & interest	$ 58,602	$ 65,633
C.M.H.C., due January 1, 2023	7.00%	$2,823 Principal & interest	23,977	25,103
Rose Valley Health Centre				
C.M.H.C., due October 1, 2021	4.54%	$43,335 Principal & interest Of which $11,063 is subsidized by SHC. Yielding an effective interest rate of 3.38%. Mortgage renewal date – February 1, 2015.	390,540	415,688

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2010

5. Long Term Debt – continued

Title of Issue	Interest Rate	Annual Repayment Terms	Balance Outstanding	
			2010	2009
Newmarket Manor C.M.H.C., due March 1, 2023	4.54%	$160,042 Principal & interest Of which $41,658 is subsidized by SHC. Yielding an effective interest rate of 3.36%. Mortgage renewal date – February 1, 2015.	$ 1,572,553	$ 1,659,709
Sasko Park Lodge C.M.H.C., due January 1, 2023	7.50%	$10,607 Principal & interest	87,782	91,746
Kelvindell Lodge C.M.H.C., due October 1, 2020	5.14%	$37,003 Principal & interest Of which $11,621 is subsidized by SHC. Yielding an effective interest rate of 3.53%. Mortgage renewal date – December 1, 2013.	302,228	323,271
C.M.H.C., due January 1, 2027	8.00%	$41,485 Principal & interest	386,395	397,013
Red Deer Nursing Home C.M.H.C., due June 1, 2022	7.25%	$16,938 Principal & interest	138,023	144,836
C.M.H.C., due February 1, 2027	4.42%	$57,305 Principal & interest Of which $53,196 is subsidized by SHC. Yielding an effective interest rate of 0.32%. Mortgage renewal date – March 1, 2017.	683,908	710,614
Pasquia Special Care Home C.M.H.C., due August 1, 2025	8.00%	$25,763 Principal & interest	229,676	237,046

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2010

5. Long Term Debt – continued

Title of Issue	Interest Rate	Annual Repayment Terms	Balance Outstanding 2010	Balance Outstanding 2009
Arborfield Special Care Lodge				
C.M.H.C., due September 1, 2021	4.54%	$113,245 Principal & interest Of which $33,189 is subsidized by SHC. Yielding an effective interest rate of 3.21%. Mortgage renewal date – February 1, 2015.	$ 1,014,913	$ 1,080,878
Pineview Lodge				
C.M.H.C., due August 1, 2019	6.875%	$21,014 Principal & interest	145,987	156,708
C.M.H.C., due January 1, 2017	4.17%	$66,772 Principal & interest Of which $14,821 is subsidized by SHC. Yielding an effective interest rate of 3.24%. Mortgage renewal date – October 1, 2015.	396,851	446,099
C.M.H.C., due April 1, 2025	4.17%	$143,174 Principal & interest Of which $108,000 is subsidized by SHC. Yielding an effective interest rate of 1.02%. Mortgage renewal date – October 1, 2015.	1,604,635	1,679,760
Chateau Providence				
C.M.H.C., due October 1, 2026	4.31%	$96,109 Principal & interest Of which $67,815 is subsidized by SHC. Yielding an effective interest rate of 1.32%. Mortgage renewal date – December 1, 2016.	1,140,381	1,186,685
Nirvana Pioneer Villa				
C.M.H.C., due September 1, 2025	8.00%	$50,382 Principal & interest	450,389	464,708
Energy Performance Contract Toronto Dominion Bank due October 15, 2026	5.33%	$413,885 Principal and interest	4,796,611	-
			13,423,452	9,085,497
Less: Current portion			620,803	438,120
			$ 12,802,649	$ 8,647,377

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2010

5. Long Term Debt – continued

Saskatchewan Housing Corporation (SHC) may provide a mortgage subsidy for supportive care homes financed by Canada Mortgage and Housing Corporation (CMHC). The subsidy may change when the mortgage renewal occurs.

For each of the mortgages, the RHA has pledged the related buildings of the special care homes as security. The term loan with the Toronto Dominion Bank is unsecured. Principal repayments required in each of the next five years are estimated as follows:

2011	$620,803
2012	670,009
2013	704,038
2014	738,938
2015	777,538
2016 and subsequent	9,912,126

6. Deferred Revenue

	Balance Beginning Of Year	Add Amount Received	Less Amount Recognized	Balance End Of Year
Sask Health Initiatives				
Active Workplace Initiative	28,710	-	24,964	3,746
AHTF Cumberland House Healthly Community	106,614	61,777	111,431	56,960
Autism - Metis Heritage Corporation	115,035	-	115,035	-
Autism Services	150,000	164,000	168,969	145,031
Community Supports/Project Hope	63,150	250,000	309,739	3,411
Crucial Conversations	41,361	-	41,361	-
HSAS EMS Staff Registration	-	19,500	-	19,500
Infection Prevention and Control	-	59,787	-	59,787
Kindness Train the Trainer	42,670	-	31,267	11,403
New Graduate & Mentors Program	55,038	-	55,038	-
Nursing Professional Development	45,561	-	16,758	28,803
Nursing Recruitment Funding	202,346	-		202,346
Pandemic	-	55,000	-	55,000
Physician Recruitment Pilot	50,000	200,000	142,821	107,179
Physio Retention Grant Program	6,850	-	6,850	-
Primary Care	236,652	3,004,801	2,719,076	522,377
Professional Development Funding	43,308	32,082	27,350	48,040
Quality Workplace Initiatives	41,986	32,082	18,880	55,188
Recruitment Initiatives		22,000	-	22,000
Recruitment Initiatives - Physicians	-	80,000	-	80,000
Safety Training Initiatives	98,268	52,611	14,669	136,210
Secure Care Youth Detoxification	88,650	101,110	109,275	80,485
Telehomecare Pilot Project	73,000	45,000	60,435	57,565
Total Sask Health	$ 1,489,198	$ 4,179,751	$ 3,973,918	$ 1,695,031

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2010

6. Deferred Revenue – continued

Non Sask Health Initiatives				
Kids First Targeted	$ 154,235	$ 483,279	$ 504,191	$ 133,323
Lean	-	299,963	32,504	267,459
Intersectoral Funding	19,037	100,000	119,037	-
Total Non Sask Health	**$ 173,272**	**$ 883,242**	**$ 655,732**	**$ 400,782**
Total Deferred Revenue	**$ 1,662,470**	**$ 5,062,993**	**$ 4,629,650**	**$ 2,095,813**

7. Net Change in Non-cash Working Capital

	Operating Fund		Restricted Funds			
	2010	2009	Capital Fund	Community Trust Fund	Total 2010	Total 2009
(Increase) Decrease in accounts receivable	$ 62,030	$ 31,897	$ 38,821	$ -	$ 38,821	$ 193,227
(Increase) Decrease in inventory	(101,498)	(9,840)	-	-	-	-
(Increase) Decrease in prepaid expenses	181,340	(49,755)	-	-	-	-
Increase (Decrease) in accounts payable	1,400,953	(499,232)	221,601	-	221,601	(172,765)
Increase (Decrease) in accrued salaries	4,029,638	222,068	-	-	-	-
Increase (Decrease) in vacation payable	315,806	405,570	-	-	-	-
Increase (Decrease) in deferred revenue	433,343	617,297	-	-	-	-
	$ 6,321,611	$ 718,005	$ 260,422	$ -	$ 260,422	$20,462

8. Patient and Resident Trust Accounts

The RHA administers funds held in trust for patients and residents using the RHA's facilities. The funds are held in separate accounts for the patients or residents at each facility. The total cash held in trust as at March 31, 2010 was $56,995 (2009 - $60,062). These amounts are not reflected in the financial statements.

9. Related Parties

These financial statements include transactions with related parties. The RHA is related to all Saskatchewan Crown Agencies such as ministries, corporations, boards, and commissions under the common control of the Government of Saskatchewan. The RHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the RHA is related to other non-Government organizations by virtue of its economic interest in these organizations.

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2010

9. Related Parties - continued

a) Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of transactions resulting from these transactions are included in the financial statements and the table below. They are recorded at exchange amounts which approximate prevailing market rates charged by those organizations and are settled on normal trade terms.

In addition, the RHA pays Provincial Sales Tax to the Saskatchewan Ministry of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

	2010	2009
Revenues		
Athabasca Health Region	$ 144,846	$ -
Ministry of Learning	554,979	520,166
Ministry of Justice	100,000	74,104
Sask Housing Corporation	341,963	351,375
SGI	96,394	107,882
	$ 1,238,182	$ 1,053,527
Expenditures		
Cumberland Regional College	$ 2,555	$ 3,363
Health Quality Council	1,785	9,710
Mamawetan Churchill River Health District	8,220	8,220
Ministry of Government Services	605,384	551,381
North Sask Laundry & Support Services	868,169	872,164
Prince Albert Parkland Heath Region	3,067	404,801
Regina Qu'appelle Health Region	358	2,114
SAHO	3,174,921	10,073,770
Sask Energy Corporation	1,119,898	1,115,092
Sask Housing	2,060	18,198
Sask Power Corporation	3,721,871	1,026,676
Sask Tel	858,501	416,749
Sask Workers Compensation Board	653,276	1,171,901
Saskatchewan Cancer Agency	265	300
Saskatchewan Transport Company	12,669	8,776
SGI	278,371	265,171
SHEPP	7,762,325	6,857,922
Sunrise Health Region	4,429	460
	$ 19,078,121	$ 22,806,768
Accounts Receivable		
Ministry of Health	$ 151,184	$ 151,184
	$ 151,184	$ 151,184
Prepaid Expenditures		
Workers Compensation	$ 308,957	$ 329,240
	$ 308,957	$ 329,240

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2010

9. Related Parties - continued

b) Health Care Organizations

i) Prescribed Health Care Organizations and Third Parties

The RHA has also entered into agreements with prescribed HCOs and Third Parties to provide health services.

These organizations receive operating funding from the RHA on a monthly basis in accordance with budget amounts approved annually. During the year, the RHA provided the following amounts to HCOs and Third Parties:

	2010	2009
Hudson Bay & District Assessment and Resource Service	$ 25	$ -
Nipawin Oasis Community Centre Co-operative Ltd.	49,437	47,268
Kelvington Ambulance Care Ltd.	363,219	399,559
Tisdale Ambulance Care Ltd.	414,941	428,245
Shamrock Ambulance Care Ltd.	198,997	211,592
North East EMS	837,207	891,606
Melfort Ambulance Service	409,614	432,744
Quill Plains Ambulance Care Ltd.	56,248	76,238
	$ 2,329,688	$ 2,487,252

ii) Fund Raising Foundations

Fund raising efforts are undertaken through non-profit business corporations known as the Nipawin Region Health Foundation Inc. and North Central Health Care Foundation Inc. The Kelsey Trail Regional Health Authority has an economic interest in the Foundations. In accordance with donor-imposed restrictions, $175,827 (2009 - $135,955) of the foundations' net assets must be used to purchase specialized equipment or services. The Nipawin Region Health Foundation Inc. total expenses include contributions of $111,332 (2009 - $45,525) to the RHA. The North Central Health Care Foundation Inc. total expenses include contributions of $52,267 (2009 - $0) to the RHA.

10. Pension Plan

Employees of the RHA participate in one of the following pension plans:

1. Saskatchewan Healthcare Employees' Pension Plan (SHEPP) - This is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Saskatchewan Association of Health Organizations (SAHO) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multi-employer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the SAHO Retirement Plan and governed by the SAHO Board of Directors).

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2010

10. Pension Plan - continued

2. Public Service Superannuation Plan (PSSP) (a related party) - This is also a defined benefit plan and is the responsibility of the Province of Saskatchewan.

3. Public Employees' Pension Plan (PEPP) (a related party) - This is a defined contribution plan and is the responsibility of the Province of Saskatchewan.

The RHA's financial obligation to these plans is limited to making required payments to these plans according to their applicable agreements. Pension expense is included in Compensation – Benefits in Schedule 1 and is equal to the RHA contributions amount below.

	2010				2009
	SHEPP[1]	PSSP	PEPP	Total	Total
Number of active members	1,356	1	9	1,366	1,356
Member contribution rate, percentage of salary	6.60%-9.00%	5.40%	6.00-7.00%*		
RHA contribution rate, percentage of salary	7.39%-10.08%	416%	6.00-7.00%*		
Member contributions (thousands of dollars)	3,701	1	37	3,739	3,182
RHA contributions (thousands of dollars)	4,146	4	36	4,186	3,567

*Contribution rate varies based on employee group

1. Active members include all employees of the RHA, including those on leave of absense as of March 31, 2010
Inactive members are transferred to SHEPP and not included in these results.

11. Budget

The RHA Board approved the 2009-2010 budget plan on May 26, 2009.

12. Financial Instruments

a) Significant terms and conditions
There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing, and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) Credit risk

The RHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the RHA's receivables are from Ministry of Health - General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other provinces. Therefore, the credit risk is minimal.

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2010

12. Financial Instruments - continued

c) Fair value

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.
  - Accounts receivable
  - Accounts payable
  - Accrued salaries and vacation payable
- Cash, short-term investments and long-term investments are recorded at fair value as disclosed in Schedule 2, determined using quoted market prices.
- The fair value of mortgages payable and long term debt before the repayment required within one year is $9,819,407 (2008-09 - $6,380,620) and is determined using discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements, net of mortgage subsidies.

d) Short-term Borrowing/Operating Line-of-credit

The RHA has a line-of-credit of $1,000,000 (2009-10 - $1,000,000) with a floating rate of interest charged at Prime minus .50% which is re-negotiated annually. The line-of-credit is secured by accounts receivable including all grants, revenues and any other forms or sources of payments from the Province of Saskatchewan and any other funding bodies. Total interest paid on the line-of-credit in 2010 was $0 (2009 - $0).

13. Interfund Transfers

Each year the RHA transfers amounts between its funds for various purposes. These include funding capital asset purchases, and reassigning fund balances to support certain activities.

During the current fiscal year, due to fiscal pressures, the Ministry reduced operating funding to health regions including Kelsey Trail Health Region. To offset the shortfall in operating revenue, Kelsey Trail Health Region agreed to an amendment in the funding agreement for the Sasko Park Lodge and Kelvindell Lodge long term care projects. The amendment removed restrictions on the $15 million of capital funds received by Kelsey Trail Health Region in fiscal 2009 and allowed the funds to be transferred to operations.

During the current fiscal year, Kelsey Trail Health Region entered into a guaranteed energy performance savings contract with SaskPower. The project capital costs are financed by long term debt, and the loan payments will be made from operating savings obtained from the project.

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2010

13. Interfund Transfers - continued

	2010			2009		
	Operating Fund	Capital Fund	Community Trust Fund	Operating Fund	Capital Fund	Community Trust Fund
Capital asset purchases	$ -	$ 292,176	$ (292,176)	$ -	$ 239,562	$(239,562)
SHC reserves	(110,898)	110,898	-	(106,459)	106,459	-
Mortgage payments	15,855	(15,855)	-	(7,544)	7,544	-
Long Term Care Capital Funding	15,000,000	(15,000,000)	-	-	-	-
EPC Loan Payments	(65,058)	65,058	-	-	-	-
	$ 14,839,899	$(14,547,723)	$ (292,176)	$(114,003)	$ 353,565	$(239,562)

14. Volunteer Services

The operations of the RHA utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

15. Community Generated Funds

Under the terms of the pre-amalgamation agreement, the RHA has agreed to hold community generated assets in trust. The Board established a separate fund for the assets of each trust. Health corporations formerly held these assets before amalgamating with the Board. The assets are interest bearing with the interest credited to the trust balance. The Board presently administers $3,215,117 (2009 - $3,248,570) under these agreements. The assets are joint property of the RHA and the community, therefore they are included as part of the assets of the Board.

Following is the status of the trust funds at March 31, 2010:

Each trust fund has a "Trust Advisory Committee" which is appointed by the various towns, villages, hamlets, and rural municipalities served by the pre-amalgamation agency. The trust funds are for the benefit of the ratepayers of the various municipalities and shall be used for health related purposes. Jointly, the RHA Board and the Trust Advisory Committee have the power to establish rules and procedures. The committees have the power to establish rules and procedures and the majority decision of the committees shall be binding upon the RHA with respect to any use of the trust fund.

16. Guarantee

The RHA has provided a $100,000 guarantee to a maximum amount of $100,000, to a financial institution for certain loans granted to North Sask Laundry and Support Services Ltd.

Kelsey Trail Regional Health Authority is one of four shareholders of North Sask Laundry and Support Services Ltd. North Sask Laundry and Support Services Ltd. supplies laundry services to its owners for a fee that is intended to insure the Laundry has sufficient cash flows to operate effectively. The Laundry is incorporated under the *Saskatchewan Business Corporations Act* and is treated as a not for profit company for tax purposes.

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2010

17. Joint Job Evaluation Reconsiderations

The joint job evaluation/pay equity initiative for the service provider unions CUPE, SEIU, and SGEU allowed for an appeal (or reconsideration) process. As a result, employees and employers filed appeals, and recommendations on these appeals were completed. Major disputes were heard before the JJE Dispute Resolution Tribunal (Tribunal). A number of individual issues consisting of recommendations not agreed to still remain. Outcomes of the Tribunal resulted in further issues where additional classifications were created and duties of existing classifications were revised. A process to deal with the issues is being developed by the unions and SAHO and eventually the specific decisions will be determined by a third party. Dealing with some of these issues is expected to extend until 2011. The results of outstanding issues are currently unknown. The costs of these cannot be reasonably determined at this time.

18. Energy Performance Contract

Kelsey Trail Health Region has entered into an Energy Performance Contract (EPC) with SaskPower. An Energy Performance Contract is a unique program that will allow Kelsey Trail Health Region to implement facility improvements, reduce energy costs, and improve health, comfort and safety conditions while contributing to the region's environmental objectives without requiring additional funding.

Similar to most organizations the Kelsey Trail Health Region has been challenged to maintain its aging infrastructure through limited resources. The EPC program delivered through SaskPower Energy Solutions will provide a mechanism that will allow Kelsey Trail Health Region to use the savings generated through the program to fund significant and necessary facility improvements.

Kelsey Trail Health Region entered into a guaranteed energy performance savings contract with SaskPower on June 18, 2009. The total cost of the energy performance contract is $4,861,669, and the project will realize annual energy and operational savings of $411,500. The cost of the project has been financed by long term debt loan with Toronto Dominion Bank. The loan is amortized for a period of 18.5 years. Loan payments will be made from savings obtained from the project. As at March 31, 2010, construction costs were $2,569,148.

19. Collective Agreements

The SGEU contract expired March 31, 2008 and, while the proposed settlement has not been agreed to or ratified by the union, an estimate for the SGEU retroactive settlement of $3,838,000 has been accrued in the financial statements. The HSAS contract expired March 31, 2009 and negotiations are ongoing. An estimate of the settlement is not determinable at this time. The SUN contract is in effect until March 31, 2012.

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXPENSES BY OBJECT
For the Year Ended March 31, 2010

Schedule 1

	Budget 2010	Actual 2010	Actual 2009
Operating:			
Board costs	$ 102,635	$ 85,289	$ 77,789
Compensation - Benefits (Note 10)	12,099,510	11,921,191	10,867,504
Compensation - Salaries	62,393,241	66,876,002	60,904,537
Diagnostic imaging supplies	128,808	129,078	133,011
Drugs	650,685	637,884	585,536
Food	1,588,923	1,622,358	1,578,300
Grants to ambulance services	2,279,305	2,285,104	2,398,028
Grants to health care organizations	908,586	847,578	857,323
Housekeeping and laundry supplies	248,483	296,522	272,274
Information technology contracts	427,500	464,374	438,150
Insurance	282,100	277,589	265,322
Interest	8,076	115,721	8,127
Laboratory supplies	1,144,477	1,112,327	1,089,117
Medical and surgical supplies	1,938,021	2,118,597	1,810,475
Medical remuneration and benefits	4,768,333	4,845,951	4,534,023
Office supplies and other office costs	313,585	339,804	335,202
Other	1,585,470	1,442,344	1,482,828
Other referred out services	104,574	312,931	37,648
Professional fees	1,007,025	1,008,617	837,612
Prosthetics	-	-	-
Purchased services	560,100	377,471	329,709
Rent/lease costs	929,488	1,087,379	904,724
Repairs and maintenance	736,216	698,568	773,357
Service contracts	561,335	915,895	506,509
Travel	973,573	1,074,550	1,014,798
Utilities	2,373,307	2,316,425	2,336,759
	$ 98,113,356	$ 103,209,549	$ 94,378,663
Restricted:			
Amortization		$ 4,086,542	$ 4,273,530
Loss/(Gain) on disposal of fixed assets		-	740
Mortgage interest expense		432,390	453,094
Other		51,089	497,038
		$ 4,570,021	$ 5,224,402

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
SCHEDULE OF CONSOLIDATED INVESTMENTS
As at March 31, 2010

Schedule 2

	Fair Value	Maturity	Effective Rate	Coupon Rate
Restricted Investments*				
Cash and Short-Term				
Chequing and Savings:				
Cornerstone Credit Union - Tisdale	$ 11,554,536			
Diamond North Credit Union	27,977			
	$ 11,582,513			
Term Deposits:				
	$ -			
Total Cash & Short-Term Investments	$ 11,582,513			
Long-Term				
Total Long-Term Investments	$ -			
Total Restricted Investments	$ 11,582,513			
Unrestricted Investments				
Cash and Short-Term				
Cash on Hand	$ 6,650			
Cornerstone Credit Union - Tisdale	12,315,575			
Advantage Credit Union	65,162			
Diamond North Credit Union	583,270			
Hudson Bay Credit Union	11,525			
Porcupine Credit Union	18,084			
Kelvington Credit Union	15,278			
Cornerstone Credit Union - Short-Term	306			
Total Cash & Short-Term Investments	$ 13,015,850			
Long-Term				
Credential Securities	$ 1,082,469	Various	Variable	
Total Long-Term Investments	$ 1,082,469			
Total Unrestricted Investments	$ 14,098,319			
Total Investments	**$ 25,680,832**			
Restricted & Unrestricted Totals				
Total Cash & Short-Term	$ 24,598,363			
Total Long-Term	$ 1,082,469			
Total Investments	$ 25,680,832			

* Restricted Investments consist of:
- Community generated funds transferred to the RHA and held in the Community Trust Fund (Schedule 3); and
- Replacement reserves maintained under mortgage agreements with Canada Mortgage and Housing Corporation (CMHC) and/or Saskatchewan Housing Corporation (an agency of the Ministry of Social Services) held in the Capital Fund (Schedule 4).

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXTERNALLY RESTRICTED FUNDS
For the Year Ended March 31, 2010

Schedule 3

COMMUNITY TRUST FUND EQUITY

Trust Name	Balance Beginning of Year	Investment & Other Revenue	Donation	Expenses	Capital Expenses	Balance End of Year
Edith Campbell Bursary	$ 17,118	$ 118	$ 2,500	$ (2,000)	$ -	$ 17,736
Hudson Bay Health Care Facility	228,537	1,578	35,261	(4,012)	(45,888)	215,476
Kelvindell Lodge	94,363	669	11,858	-	-	106,890
Kelvington Hospital	131,355	928	27,311	-	(33,812)	125,783
Margaret Aikenhead Bursary	402	13	-	-	-	415
New Market Manor	374,998	2,519	17,021	-	-	394,538
Pam Worley Bursary	1,098	6	-	(179)	-	925
Community Services	212,464	1,350	-	-	(46,991)	166,823
Porcupine Plain Hospital	240,717	1,602	8,750	-	(28,961)	222,109
Ralston Medical Research	605,120	3,899	-	(30,000)	-	579,019
Red Deer Nursing Home	54,702	413	24,152	-	(5,568)	73,698
Rose Valley Health Centre	79,833	533	-	(376)	-	79,990
Sasko Park Lodge	137,172	917	1,132	-	-	139,221
Tisdale Hospital	1,013,856	29,332	56,179	(3,144)	(46,546)	1,049,676
Tisdale Hospital - Dialysis Unit	56,835	350	70,044	-	(84,411)	42,818
Total Community Trust Fund	$ 3,248,570	$ 44,227	$ 254,208	$ (39,711)	$ (292,176)	$ 3,215,117

CAPITAL FUND

	Balance Beginning of Year	Investment & Other Income	Capital Grant Funding	Transfer / Expenses	Transfer to Investment in Capital Asset Fund Balance	Balance End of Year
SHC						
Total SHC						
OTHER						
Cumberland House Health Center	$ 155,790	$ 31	$ -	$ -	$ -	$ 155,820
Energy Performance Contract	-	-	-	4,861,669	(2,569,148)	2,292,521
Ministry of Health - Block Funding	2,663,451	-	-	-	(1,474,979)	1,188,472
Ministry of Health - Capital Equipment	504,312	-	598,643	-	(579,455)	523,500
Ministry of Health - Capital Projects	17,000,000	102,756	-	(15,000,000)	(500,636)	1,602,120
Ministry of Health - Radiology Equipment	203,238	-	200,000	-	-	403,238
Ministry of Health - Safety	165,238	-	80,000	-	(107,974)	137,263
Other	260,652	153,766	-	-	(236,702)	177,716
Parkland Project	14,961	171	-	(15,132)	-	-
Total Other	$ 20,967,642	$ 256,724	$ 878,643	$ (10,153,463)	$ (5,468,895)	$ 6,480,650
Total Capital Fund	$ 20,967,642	$ 256,724	$ 878,643	$ (10,153,463)	$ (5,468,895)	$ 6,480,650
TOTAL EXTERNALLY RESTRICTED FUNDS	$ 24,216,212	$ 300,951	$ 1,132,851	$ (10,193,174)	$ (5,761,071)	$ 9,695,767

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
SCHEDULE OF INTERNALLY RESTRICTED FUND BALANCES
For the Year Ended March 31, 2010

Schedule 4

	Balance, beginning of year	Investment income allocated	Annual allocation from unrestricted fund	Transfer to unrestricted fund (expenses)	Capital Expenses	**Balance, end of year**
Capital						
SHC Replacement Reserves						
Arborfield Special Care Home	$ 180,995	$ 1,214	$ -	$ -	$ (8,264)	$ 173,946
Chateau Providence	206,430	1,360	-	-	(15,695)	192,094
Hudson Bay Health Care Facility	31,482	211	5,080	-	-	36,773
Kelvindell Lodge	62,516	419	8,043	-	-	70,979
Newmarket Manor	187,450	1,235	18,000	-	-	206,686
Nirvana Pioneer Villa	175,631	1,178	-	-	-	176,809
Pasquia Special Care Home	29,945	201	5,800	-	-	35,946
Pineview Lodge	66,577	447	11,254	-	-	78,278
Red Deer Nursing Home	97,422	654	-	-	-	98,075
Sasko Park Lodge	4,321	29	4,320	-	-	8,670
Total SHC	$ 1,042,769	$ 6,948	$ 52,497	$ -	$ (23,959)	$ 1,078,255
Other Internally Restricted Funds						
Activities - Arborfield Special Care Home	3,562	9,768	-	(9,176)	-	4,154
Activities - Carrot River	11,982	5,248	-	(2,202)	-	15,028
Ambulances	259,320	1,611	50,000	-	(121,144)	189,787
Capital	41,917	65,294	-	-	(60,444)	46,767
Carrot River Furnishing Fund	4,662	32	-	-	-	4,694
Cumberland House Home Care	26,168	173	-	-	(4,550)	21,791
Newmarket Manor - Construction	239,547	1,600	-	-	-	241,147
Palliative Home Care	4,059	42	-	-	-	4,101
Parkland	249,054	1,670		15,132	(5,714)	260,143
Rose Valley Health Centre	25,744	28,865	8,111	-	-	62,720
Tisdale Joint Use Facility	3,866	26	290	-	-	4,182
Total Capital	$ 1,912,650	$ 121,279	$ 110,898	$ 3,754	$ (215,811)	$ 1,932,770
Operating						
Other Internally Restricted Funds						
	$ -	$ -	$ -	$ -	$ -	$ -
Total Operating	$ -	$ -	$ -	$ -	$ -	$ -
Total Internally Restricted Funds	$ 1,912,650	$ 121,279	$ 110,898	$ 3,754	$ (215,811)	$ 1,932,770

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
CONSOLIDATED SCHEDULES OF BOARD MEMBER REMUNERATION
for the year ended March 31, 2010

Schedule 5(a)

RHA MEMBERS	RETAINER	PER DIEM	TRAVEL TIME EXPENSES	TRAVEL AND SUSTENANCE EXPENSES	OTHER EXPENSES	CPP	2010 TOTAL	2009 TOTAL
Chairperson								
Carol Hayward[4]	-	-	-	-	-	-	-	19,109
James Taylor[1]	8,032	10,715	3,275	-	-	-	22,022	2,833
Wilfred Veller[2]	1,928	4,645	1,758	-	-	-	8,331	1,344
							-	
Board Member								
Minnie Deutsch[4]	-	-	-	-	-	-	-	3,371
Steve Rudy[4]	-	-	-	-	-	-	-	5,573
Marion L. Heavin[4]	-	-	-	-	-	-	-	3,662
Lana Thompson[4]	-	-	-	-	-	-	-	1,992
Dale Link[4]	-	-	-	-	-	-	-	7,069
Don DeMarsh[4]	-	-	-	-	-	-	-	1,599
Cathy Ryan[4]	-	-	-	-	-	-	-	3,809
Robert Cheechoo[5]	-	-	-	-	-	-	-	9,550
Darrell Guy	-	7,750	5,231	-	-	-	12,981	5,964
Kathleen Bedard	-	4,623	1,500	-	-	102	6,225	5,419
Carla Hipkins	-	4,000	1,521	-	-	119	5,640	5,538
Gordon Cresswell[6]	-	3,300	558	-	-	-	3,858	1,452
Dennis Koch[6]	-	3,981	1,121	-	-	-	5,102	1,427
Allyson Stevenson[6]	-	3,175	489	-	-	86	3,750	1,387
Tina Thomas[3]	-	1,313	828	-	-	52	2,193	-
Frank Garchinski[6]	-	3,294	703	-	-	-	3,997	1,474
Keith Thompson[6]	-	3,250	565	-	-	89	3,904	1,554
Cheryl Watt[6]	-	4,063	1,393	-	-	108	5,564	1,781
TOTAL	9,960	54,109	18,942	-	-	556	83,567	85,907

1. Resigned January 20, 2010
2. Acting Chairperson, January 20, 2010
3. Resigned August 25, 2009
4. Term ended February 5, 2009
5. Resigned September 12, 2008
6. Term began February 5, 2009

SENIOR MANAGEMENT SALARIES, BENEFITS, ALLOWANCES, AND SEVERANCE

for the year ended March 31, 2010

Schedule 5 (b)

	2010					2009		
Senior Employees	**Salaries[1]**	**Benefits and Allowances[2]**	**Sub-total**	**Severance Amount**	**Total**	**Salaries, Benefits & Allowances[1,2]**	**Severance**	**Total**
Glen Kozak, CEO	$ 171,751	$ 3,059	$ 174,810	$ -	174,810	$ 174,722	$ -	$ 174,722
Senior Positions:								
Pam McKay VP Institutional & Emergency Care	155,607	66	$ 155,673	-	155,673	135,974	-	135,974
Shane Merriman VP Finance & Information Services	149,379	66	$ 149,445	-	149,445	135,974	-	135,974
Julie Chevesky VP Community & Primary Health Care	139,986	66	$ 140,052	-	140,052	135,974	-	135,974
Bonnie Harper[3] VP Operations Support	68,140	17	$ 68,157	-	68,157	135,974	-	135,974
Joe Rybinski[4] VP Human Resources	126,823	52	$ 126,875	-	126,875	135,974	-	135,974
Dr. Jon Moe VP Medical Services & Chief of Staff	120,000	3,600	$ 123,600	-	123,600	121,800	-	121,800
Total	$ 931,686	$ 6,926	$ 938,612	$ -	$ 938,612	$ 976,392	$ -	$ 976,392

[1] Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave, and merit or performance pay, lumpsum payments, and any other direct cash remuneration.

[2] Benefits and Allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable: professional development, education for personal interest, non-accountable relocation benefits, personal use of: an automobile; cell-phone; computer; etc., as well as any other taxable benefits.

[3] Retired June 30, 2009

[4] Retired January 15, 2010

More Information

For further information relevant to the Kelsey Trail Health Region, visit the following websites:

Statistics Canada 2006 Community Profiles
http://www.recensement2006.ca/census-recensement/2006/dp-pd/prof/92-591/index.cfm?Lang=E

Statistics Canada Health Indicator Profile
http://cansim2.statcan.gc.ca/cgi-win/cnsmcgi.pgm

Service Canada
http://www.servicecanada.gc.ca/

Saskatchewan Ministry of Health
http://www.health.gov.sk.ca/

Enterprise Saskatchewan
http://www.enterprisesaskatchewan.ca/

Health Quality Council
http://www.hqc.sk.ca

Cumberland College
http://www.cumberlandcollege.sk.ca/

North East Understanding the Early Years – The Early Years Partnership
http://earlyyears.nesd.ca/

Saskatchewan Prevention Institute
http://www.preventioninstitute.sk.ca/

Active Healthy Kids Canada
http://www.activehealthykids.ca/

Northeast Regional Intersectoral Committee
http://www.northeastric.ca/

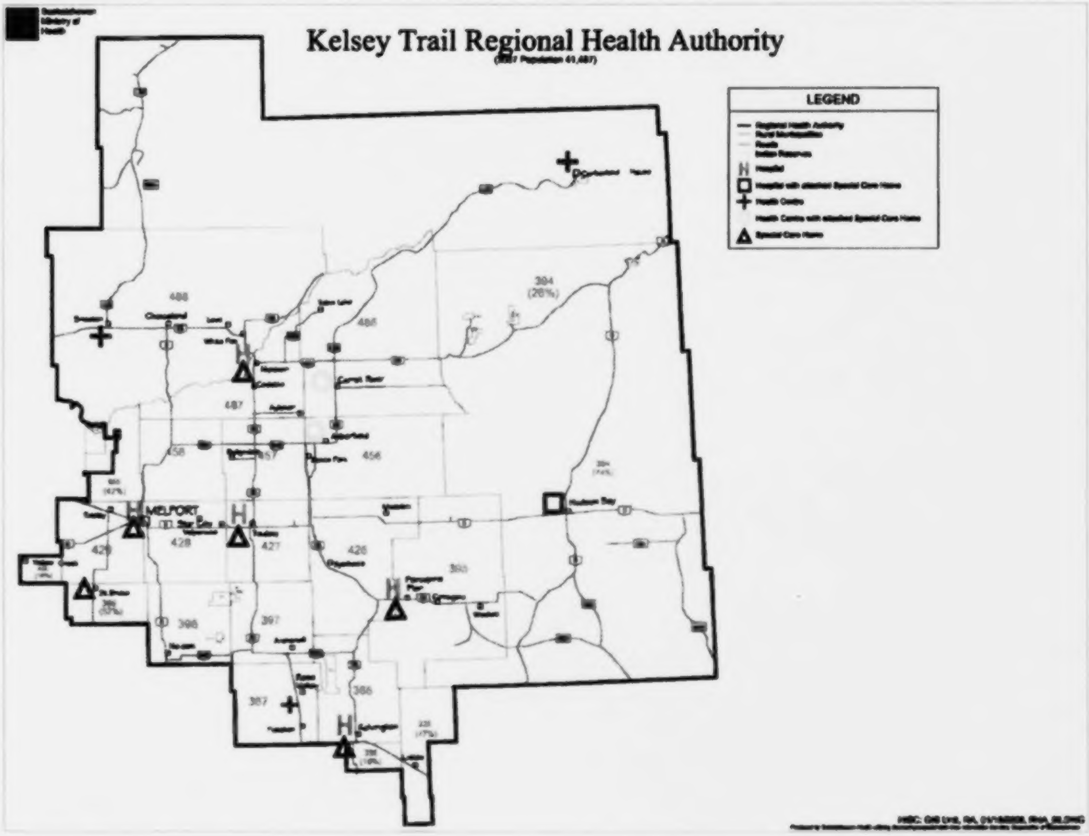
Kelsey Trail Health Region
http://www.kelseytrailhealth.ca/

Arborfield	
Arborfield & District Health Centre	▪ 36 long term care beds ▪ Adult day care services ▪ Home Care ▪ Health Centre – scheduled clinic hours, lab & x-ray ▪ Primary health care site ▪ Visiting Occupational Therapist, Diabetes & Heart Health team, Public Health Nursing
Carrot River	
Carrot River Health Centre	▪ 36 long term care beds ▪ Home Care ▪ Health Centre – scheduled clinic hours, lab & x-ray ▪ Primary health care site – Carrot River Medical Clinic ▪ Visiting Occupational Therapist, Diabetes & Heart Health team, Public Health Nursing
Cumberland House	
Cumberland House Health Centre **Cumberland House Community Services**	▪ 24/7 RN on-call service ▪ Nurse Practitioner ▪ Phlebotomy services ▪ Children's dental health ▪ Telehealth ▪ Visiting Diabetes & Heart Health team, Mental Health & Addiction Services, physicians from Nipawin, Early Childhood team ▪ Home Care
Hudson Bay	
Hudson Bay Health Care Facility	▪ 10 bed community hospital ▪ 24 hour emergency outpatient care ▪ Inpatient acute care ▪ Palliative care ▪ Constant care/monitoring beds ▪ Lab & x-ray ▪ Ambulance (RHA-owned) ▪ Telehealth ▪ Primary health care site – Hudson Bay Medical Group ▪ Public Health Nursing ▪ Mental Health & Addiction Services ▪ Visiting Physiotherapist, Occupational Therapist, Dietitian, Diabetes & Heart Health team, Early Childhood team ▪ Community Wellness Coordinator (school-based) ▪ 22 long term care beds ▪ Adult day care services ▪ Home Care

Kelvington	
Kelvington Hospital **Kelvindell Lodge**	• 12 bed community hospital • 24 hour emergency outpatient care • Inpatient acute care • Palliative care • Constant care/monitoring bed • Lab & x-ray • Public Health Nursing • Home Care • Visiting Occupational Therapist, Dietitian, Diabetes & Heart Health team, Mental Health & Addiction Services • Telehealth • Community Wellness Coordinator (school-based) • 46 long term care beds • Adult day care • Dementia care unit • Ambulance (contracted)
Porcupine Plain	
Porcupine Carragana Hospital **Red Deer Nursing Home**	• 12 bed community hospital • 24 hour emergency outpatient care • Inpatient acute care • Palliative care • Constant care/monitoring bed • Lab & x-ray • Primary health care site – Porcupine Medical Clinic • Home Care • Visiting Occupational Therapist, Dietitian, Diabetes & Heart Health team, Mental Health & Addiction Services, Public Health Nursing • Telehealth • Community Wellness Coordinator (school-based) • 38 long term care beds • Adult day care • Ambulance – RHA-owned
Melfort	
Melfort Hospital **Parkland Place** **Melfort Public Health Office** **Nirvana Assisted Living**	• 31 bed district hospital • 24 hour emergency outpatient care • Inpatient acute care • General surgery • General surgeon, radiologist, pathologist • Endoscopy • Palliative care • Constant care/monitoring beds • Exercise tolerance testing • Lab & x-ray • Chemotherapy • Low-risk labour & delivery • Cesarean sections • Telehealth • Podiatry • Mental Health & Addiction Services

	▪ Diabetes & Heart Health Centre ▪ Visiting specialists ▪ 105 long term care beds ▪ Therapy services ▪ Home Care ▪ Medical Health Officer ▪ Communicable Disease/Immunization Coordinator ▪ Public Health Nutritionist ▪ Dental Health Coordinator ▪ Early Childhood team ▪ Public Health Inspection ▪ Young Parents Mentoring Program ▪ Ambulance – contracted
Naicam	
Naicam Medical Clinic	▪ Primary health care site – Naicam Medical Clinic ▪ Visiting Public Health Nursing ▪ Home Care
Nipawin	
Nipawin Hospital **Pineview Lodge** **Nipawin Public Health Office**	▪ 31 bed district hospital ▪ 24 hour emergency outpatient care ▪ Inpatient acute care ▪ General surgery ▪ Endoscopy ▪ Palliative care ▪ Constant care/monitoring beds ▪ Lab & x-ray ▪ Chemotherapy ▪ Low-risk labour & delivery ▪ Phototherapy ▪ Telehealth ▪ Podiatry ▪ Mental Health & Addiction Services ▪ Diabetes & Heart Health Centre ▪ Therapy services ▪ Visiting specialists ▪ Primary health care site – Nipawin Health Centre ▪ Community Wellness Coordinator (school-based) ▪ Early Childhood team ▪ Dental Health Coordinator ▪ Parent Mentoring Program ▪ Public Health Inspector ▪ Public Health Nursing ▪ Home Care ▪ 96 long term care beds ▪ Ambulance - contracted

Rose Valley	
Rose Valley Health Centre	▪ Lab & x-ray ▪ Home Care ▪ Visiting Occupational Therapist, Public Health Nurse, Dietitian, Diabetes & Heart Health team , Early Childhood team
Smeaton	
Smeaton & District Health Centre	▪ Health Centre – scheduled clinic hours ▪ Lab & x-ray ▪ Home care ▪ Visiting Occupational Therapist, Public Health Nurse, Physician and Nurse Practitioner , Diabetes & Heart Health team
St. Brieux	
Chateau Providence	▪ 30 long term care beds ▪ Adult day care ▪ Visiting public health services
Tisdale	
Tisdale Hospital **Newmarket Manor** **Sasko Park Lodge** **Tisdale Public Health Office**	▪ 20 bed district hospital ▪ 24 hour emergency outpatient care ▪ Inpatient acute care ▪ Palliative care ▪ Constant care/monitoring beds ▪ Lab & x-ray ▪ Chemotherapy ▪ Low-risk labour & delivery ▪ Telehealth ▪ Podiatry ▪ Hemodialysis satellite unit ▪ Exercise tolerance testing ▪ Endoscopy ▪ Primary health care site - Tisdale Medical Clinic ▪ Mental Health & Addiction Services ▪ Diabetes & Heart Health Centre ▪ Home Care ▪ Visiting specialists ▪ Community Wellness Coordinator (school-based) ▪ Public Health Nursing ▪ Therapy ▪ Early Childhood team ▪ Ambulance - contracted Newmarket Manor ▪ 40 long term care beds ▪ Adult day care ▪ Dementia wing Sasko Park Lodge ▪ 33 long term care beds


Kelsey Trail Regional Health Authority
LEGEND
MELFORT

Kelsey Trail Health Region

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Tisdale, SK S0E 1T0

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www.kelseytrailhealth.ca